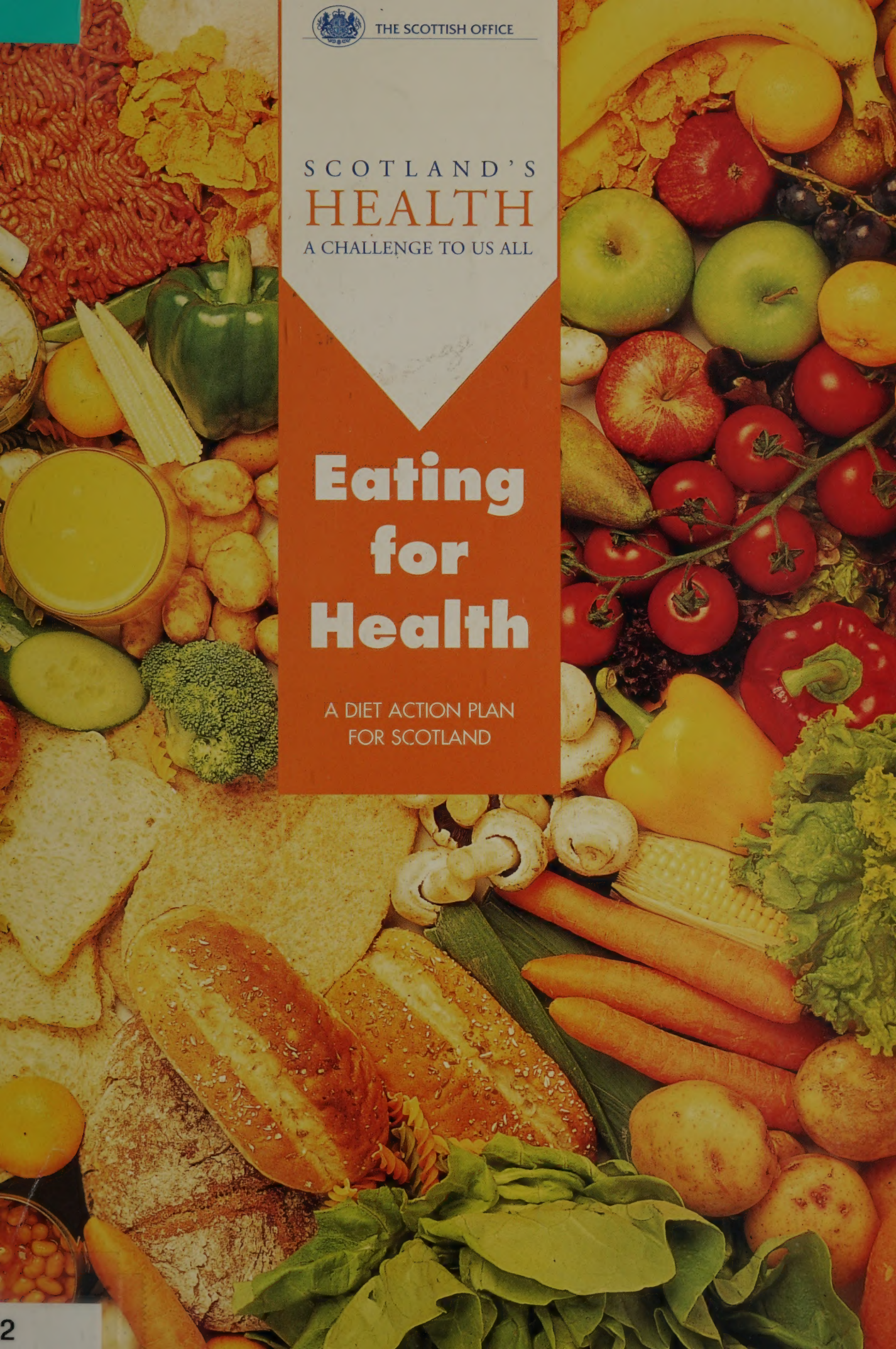
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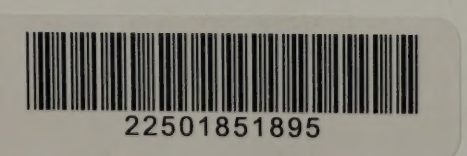
SCOTLAND'S
HEALTH
A CHALLENGE TO US ALL
Eating for Health
A DIET ACTION PLAN FOR SCOTLAND



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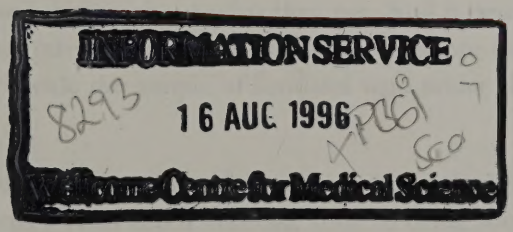

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The Scottish Office Department of Health
July 1996

CONTENTS


Mixed
ables
A Selection of Carrot
Peas, Supersweet
Sweetcorn, Cut
Green Beans
and Brocco
680g 1lb 8

EXECUTIVE SUMMARY

The Group was asked to set out what has to be done in Scotland to make its men, women and children healthier, through a better diet.

Plainly, the choice of food we make, day in and day out, is the nub. We are not short of advice, and surveys show that most people know what makes a healthy diet and what does not. It is the widespread failure to act on that knowledge which is the reason for this Action Plan, and for the complex, widely cast but practical and effective things to do that make up the Group's recommendations.

Eating well is a long-term investment in good health, which is within the reach of most Scots. Yet the image, and too often the reality, of a Scotch pie and chips, washed down by a sugary drink or a beer, is the reverse. The conditions to which poor diet and obesity give rise are, in health terms, burdensome to treat, poor in outcome, and more common in Scotland than almost anywhere else. In human terms, they account for diminished lives, pain and stress. Children form tastes early: building from what we know of their present diet, prospects for their health in middle and old age look bleak.

Of course, food cannot simply be approached in terms of health. Most of the Group members are drawn from fields outside health, and all members have been keenly aware that food is an industry - competitive, complex and changing - a strong feature of Scotland's economic life. Food is also a part of people's enjoyment of life. Eating out, linked both to work and pleasure, has become common. Eating in the home has been affected by changes in lifestyle, working hours and cooking methods which have tended to replace few and formal meals that rely on long preparation time by diets which draw more on "short order" meals and snacks. And many people are fed by others. This is true in households, but also in workplaces, schools and other institutions.

The concept of diet as medicine is profoundly unappealing and will not work. But a framework of healthy eating, which looks more to fruit and vegetables, cereals, fish and leaner meat, and less to fat, sugar and salt, can offer plenty of room for enjoyable, varied, and adventurous life-long eating, that takes account of the cornucopia of foods available in Scotland, and the restrictions on those whose income limits choice.

In this report, we examine every sector of the food industry and other areas that present the hardest challenge to healthy diet. For each, we identify measures we see as practical over the next few years and offering singly, but more so together, a real impact on diet.

The Plan bears on those organisations which could be expected to lead the nation's health - The Scottish Office and national agencies, the National Health Service and local government. Industry may take comfort in that, but the Plan depends, very substantially, too on its contribution. Two elements of commercial interest - the capture of changing public tastes and the prospect of larger markets for the commodities which Scotland produces - may make that contribution palatable.

The third element, which has been pressed in the Group's discussions as strongly by industry representatives as from elsewhere, has been a wish to see Scotland a healthier place.

THE PLAN

Shaping Consumer Tastes and Making them Count

The Group has looked closely at measures that will encourage people to make healthier choices and to demand healthier foods.

Key steps are through advice, health and practical skills, targeted on:

- All households in Scotland, through, a booklet which will focus on what they can do and what they should be expecting others, through advice and services, to do to support healthy dietary choice. (Recommendation 67)

- Parents and young children, through the professionals who work with them and through the food products available. (Recommendations 6, 32)

- All schoolchildren, through a cookery skills course to help them put into practice their knowledge about healthy eating and to examine their own eating patterns. (Recommendation 38).

- Help in low income areas, through measures, co-ordinated by a national project officer funded by The Scottish Office, to encourage local initiatives and to improve access to a range of healthy food at reasonable prices. (Recommendations 17, 21)

Supplying food for a healthier diet

Next, we have considered the "supply" changes through which the food industry can help support dietary change. Recognising the competitive and fragmented nature of parts of the industry, these concentrate on steps that will be 'with the grain' of sectional change.

Key steps are:

- For food producers, stimulating demand through the marketing and supply of fruit and vegetables, leaner meat and fish. (Recommendations 1, 2, 5)

- For food manufacturers and processors, innovative development of intrinsically healthier products and, in existing products, introduction of small stepped reductions in the fat, salt and sugar content of products, without sacrificing taste. (Recommendation 9).

- For multiple food retailers, product development as for food manufacturers and processors but, in addition, marketing and display, point of sale

labelling, in-store promotional campaigns and pricing strategies which support healthier choice; with Scottish Office initial involvement to consider with retailers how they might best co-ordinate their contribution. (Recommendation 14)

All of these areas are important, but the enormous impact of supermarkets on our shopping habits, and the way in which their food products dominate Scotland's eating patterns, make their role critical.

Understanding Food Better

Thirdly, we have considered the poor place of nutrition, despite the dominance of food, in popular life. If those providing food do not know and act on what is healthy, we cannot be surprised if consumers falter.

Key steps are:

- A model contract for catering specifications, for wide use by public agencies, and hopefully throughout industry, wherever a canteen or restaurant is provided. Its first use and most profound impact should be in schools, where shaping eating patterns and supporting healthy growth through diet are so important. (Recommendation 42).

- Training for all catering staff in the basics of nutrition and diet, so that in providing for, and serving, customers they are aware of what makes a healthy balanced meal. (Recommendation 49).

- Better information on nutrition and diet for all groups of NHS staff. (Recommendation 56).

- Development by local authorities of healthy eating awareness amongst relevant staff involved in the wide range of their responsibilities. (Recommendation 64).

Influencing

Though The Scottish Office will be charged with monitoring the steps we commend, and - together with the Health Education Board for Scotland - helping make many of them happen, there are others whose influence is important to efforts to meet Scotland's dietary targets. These are:

- The NHS, for its work on health promotion and throughout the many NHS services where people draw on advice about health.

- Local authorities, for the vast range of their responsibilities that bear on education, on providing food, and on topics that are profound but less obvious in relation to local residents and healthy eating, from their policies in deprived areas to those that bear on the siting of supermarkets.

- Supermarkets and the fast food industry, for the huge market share they hold, and the powerful influence they can bring to bear on the public's eating habits.

- Consumer bodies, principally the Scottish Consumer Council, for their role in helping consumers see a healthy diet as an investment and an entitlement, on which they can expect advice, services and products.

CONCLUSION

The Group believes that the successful implementation of the aspects of the Plan highlighted above is the key to the delivery of the changes required to meet Scotland's targets for dietary change described in paragraph 1.7 of the Plan. But these 15 key recommendations alone will not achieve the dietary improvement sought. They are supported, therefore, by a range of complementary and important further recommendations which, together, should enable the Scottish population to enjoy very much better health. These and our key recommendations are listed at the end of this Summary.

The sections which follow map the path to dietary change, topic by topic, beginning with the various links in the food chain. They develop our recommendations, placing them within the complex setting in which food policies must operate.

The changes - especially eating more fresh fruit and vegetables - will bring gains to health. These gains will not necessarily come quickly - some will take 20-30 years to achieve their full impact - but they will be very substantial, and so worth the effort needed now.

ACTION PLAN RECOMMENDATIONS

PRIMARY PRODUCERS

1. Action should be taken to stimulate Scottish consumer demand for fruit and vegetables by means of innovative, developmental initiatives and imaginative marketing campaigns. Scottish Enterprise consulting, where appropriate, with The Scottish Office Agriculture, Environment and Fisheries Department, the relevant horticulture producers' organisations, the National Farmers' Union of Scotland, the multiple food retailers and the Health Education Board for Scotland, should continue their work in this area with the Scottish Vegetable Working Group and the Scottish Soft Fruit Growers in order that the doubling of fruit and vegetable consumption, the single most important dietary target, can be achieved (paragraph 2.9).

2. The Scottish Office Agriculture, Environment and Fisheries Department, in consultation with the Agricultural and Biological Research Institutes, the National Farmers' Union of Scotland, and the Meat and Livestock Commission, should press forward the breeding of still leaner livestock for human consumption (paragraph 2.10).

3. A co-ordinated strategy should be developed by meat producers, with the assistance of the Meat and Livestock Commission, to develop new low fat meat products which can be promoted collectively by retailers, by purchasing authorities in the public sector, by health alliances and by the Health Education Board for Scotland (paragraph 2.11).

4. The dairy industry should explore alternative non-food markets for butter fat (paragraph 2.13).

5. The Sea Fish Industry Authority and the Scottish Salmon Board, in conjunction with the Health Education Board for Scotland, should work with the Scottish Seafood Project to help stimulate consumer demand for oil rich fish. (paragraphs 2.14, 2.15).

MANUFACTURERS AND PROCESSORS

6. Companies which manufacture weaning and infant foods should work towards products which are free of, or low in, non milk extrinsic sugars. Catering and retailing organisations can help the manufacturing and processing sector in this by making joint decisions on nutritional specification to provide commercially viable outlets for new products of high nutritional quality (paragraph 3.6).

7. The training provision offered by SCOTVEC and Industry Training Groups should be extended to include nutritional training for the food manufacturing, processing and bakery industries (paragraph 3.8).

8. The food manufacturing and processing industries should investigate how

new technologies can specifically facilitate the manufacture of existing and new food products which are low in fat, salt and sugar, consulting, as appropriate, with recognised sources of expertise and research advice in this area (paragraph 3.10).

9. The food manufacturing, processing and bakery industries, in consultation with the retail sector and recognised sources of expertise and research advice in this area, should introduce small but progressive reductions in the fat, salt and sugar content of manufactured and processed foods and of bakery products; and in the sugar content of non-diet versions of soft drinks (paragraphs 3.2, 3.10).

10. The food manufacturing and processing industries, in consultation with the retail sector and recognised sources of expertise and research advice in this area, should develop a wider range of products containing those commodities of which an increase in consumption is required, in particular fruit and vegetables, the complex carbohydrates and oil rich fish. Steps to encourage product development using oil rich fish should be taken by the Sea Fish Industry Authority, together with the Scottish Seafood Project (paragraphs 3.10, 3.15).

11. The food manufacturing and processing industries, consulting as appropriate with recognised sources of expertise and research in this area, should consider how best to facilitate, by audit and other means, a reduction in the fat content of existing products to help achieve the dietary fat targets (paragraph 3.12).

12. Industry and trade organisations, such as the Confederation of British Industry (Scotland), the Potato Marketing Board and the Meat and Livestock Commission, should explore with companies how to bring benefit to their sector by joint activities to improve the commercial opportunities derived from nutritionally improved products (paragraph 3.15).

13. As far as is practicable within current legal constraints, the manufacturing and processing industries should ensure that the information about the composition, and also the nutritional values, of their food products provided on labelling, and at point of sale and in promotional material, is presented in ways which facilitate the public's understanding of these values (paragraphs 3.16, 3.17).

THE RETAIL SECTOR

14. In view of the crucial and decisive role of the multiple food retailers operating in Scotland, identified by the Action Group, in improving the diet of the Scottish people, The Scottish Office should take steps to bring together these retailers to consult and to consider with them how best to effect their potential contribution, including the opportunities for them to deliver a much wider range of healthier food products (paragraph 4.7.4).

15. Supermarkets should further develop innovative ways, including in-store initiatives, of marketing healthy products to consumers. An holistic and consistent approach is vital. (paragraphs 4.7.5, 4.7.6, 4.7.7).

16. Supermarkets should ensure that the labelling of "own brand" products sold in their stores provides easily understood information on product composition and

nutritional value to enable consumers to make healthy food choices (paragraph 4.7.8)

17. Supermarkets should examine, in consultation with the proposed national project officer, the feasibility of measures, such as free, or low cost, transport, to facilitate access to their stores by low income consumers within the community. They should also consider, with low income communities, the development of alternative ways in which the healthy food products available in supermarkets could be made more readily available to these communities (paragraph 4.7.10).

18. The Scottish Office Department of Health should explore with the major multiple food retailers the scope for access to their electronic point of sale (EPOS) information to facilitate the monitoring and evaluation of the various initiatives being undertaken to improve the Scottish diet. Further potential advantages provided by loyalty card data should also be investigated. (paragraph 4.7.13).

COMMUNITY ACTION

19. Directors of Public Health should designate individuals on the staff of their Health Boards, who have training in nutrition, with specific responsibility for action to improve the diet of the low income communities in their areas (paragraph 5.12).

20. Research should be undertaken into the diet of rural communities to provide a basis from which to develop a specific strategy to support these communities. This research should be related to the work of the Health Education Board for Scotland on community initiatives (paragraph 5.13).

21. A national project officer should be appointed under the auspices of the Scottish Consumer Council to promote and focus dietary initiatives within low income communities and to bring these within a strategic framework. Resources should be made available by The Scottish Office to fund this post, to support innovative local projects and to sustain and extend successful, effective initiatives (paragraph 5.14).

22. The role of the national project officer should be to pursue a strategic approach to tackling the problems of people living on a low income, including a responsibility to gather and disseminate information on community initiatives and good practice; to develop ideas for new initiatives; to identify the development potential of existing community action such as food co-operatives; to identify training needs; to work with the retail sector to identify opportunities for action; and to encourage dialogue between Health Boards and local authorities about a strategic approach to food within their areas (paragraph 5.14).

23. Local community initiatives must continue to be taken, building on the experience gained from the projects funded by The Scottish Office and tapping into community energy and expertise. The health alliances now established in every Health Board area should continue and expand their recent work with the disadvantaged (including rural) areas, stimulating, supporting and synergising

community activity. (paragraph 5.14).

24. Local authorities should consider the dietary needs of their respective populations when developing strategies for regenerating their deprived areas. The Chief Medical Officer for Scotland should pursue this in the course of his discussions on public health matters with representatives of the Convention of Scottish Local Authorities. (paragraph 5.15).

PREGNANCY, PRE-SCHOOL CHILDREN AND SCHOOL STUDENTS

25. The Health Education Board for Scotland and Health Boards should ensure that their health promotion activity includes regular campaigns to alert potential parents of the need for good nutrition prior to, as well as during pregnancy (paragraph 6.3).

26. GPs, obstetricians, nurses, midwives and health visitors should provide dietary information to expectant mothers about their own nutritional needs as well as those of their babies. It will be important to ensure that this information and advice is tailored to meet the individual needs of expectant mothers. Health Boards should monitor the quality of the information so provided (paragraphs 6.3, 6.4, 6.5).

27. The education sector, the Health Education Board for Scotland and Health Boards jointly should examine the potential to include, at relevant points in the curriculum, material on the benefits of breastfeeding in order to inform pupils (paragraph 6.9).

28. Health Boards should continue to encourage the achievement of local breast-feeding targets and to promote with hospitals the breast-feeding criteria specified by the World Health Organisation and UNICEF as appropriate to a "Baby Friendly Hospital" (paragraph 6.12).

29. In order to address the cultural and societal issues which influence women's willingness to breastfeed the Health Education Board for Scotland should identify the action required to encourage a more sympathetic attitude by the general public towards breastfeeding (paragraph 6.15).

30. The Scottish Office Department of Health, through the Chief Pharmacist, should identify the action necessary to accelerate introduction of low or sugar free paediatric medicines (paragraph 6.19).

31. Health Boards and local authorities should ensure that health professionals and residential and day care staff with care responsibilities for children under five have a working knowledge of the dietary and nutritional needs of young children and that they put such knowledge to practical effect. In this context local authorities, in consultation with the Care Sector Consortium should ensure that, in relation to their care responsibilities, the standards and competencies for Scottish Vocational Qualifications in care recognise this requirement (paragraph 6.20).

32. Health Boards should encourage health professionals who work with small children, in particular health visitors, to provide dietary and nutritional advice and

guidance to the parents of children under five years of age. Local authorities should similarly encourage staff in nurseries and playgroups and childminders (paragraph 6.20).

33. Special initiatives to encourage children under five years of age to eat healthily should be explored by local authorities, including the value of employing the services of home economists and/or dietitians to provide advice and support on diet and nutritional matters to families with young children (paragraph 6.21).

34. The Scottish Office should consider, with local authorities, the development of national dietary guidelines which day carers in the independent and voluntary sectors should be encouraged to adopt. The establishment of good dietary practice should be an important component of the annual inspection procedures. HM Inspectors of Schools should give due weight to the requirement on applicants under the pre-school education voucher scheme to demonstrate an appropriate appreciation of the dietary and nutritional needs of the children in their care. (paragraph 6.22).

35. The Scottish Office Education and Industry Department and local authorities should continue working to raise the profile of health education within the curriculum. The Department should vigorously encourage development of policies on health education, including nutrition and diet, and the progression of these through school development planning. These should be monitored, evaluated and reported upon by local authorities through their quality assurance procedures and by the Scottish Office Education and Industry Department through HM Inspectors of Schools (paragraphs 6.23, 6.24, 6.25).

36. The Scottish Office Education and Industry Department should draw the attention of School Board chairpersons to the Action Plan, its targets and the benefits sought for children's health. The Scottish Office Education and Industry Department should also utilise the School Boards News as a vehicle for developing dietary awareness within schools (paragraph 6.23).

37. The Scottish Office Education and Industry Department should consider distributing to education authorities and self governing and independent schools the advisory material produced by the Guidelines for Educational Materials Project Team of the Nutrition Task Force in England and such guidelines as the Health Education Board for Scotland prepare to assist production of consistent diet and nutrition related materials (paragraph 6.24).

38. The Scottish Consultative Council on the Curriculum, working with The Scottish Office Education and Industry Department, should introduce a short course on practical food preparation for healthy eating for all pupils post S2. This course should be supported by nationally produced materials and resources (paragraph 6.25).

39. The Scottish Office Education and Industry Department should ensure that all trainee teachers receive adequate training in health education, including nutrition and diet, appropriate to their course (paragraph 6.26).

40. Local authority education departments should ensure that all staff involved in health education receive appropriate training in nutrition and diet (paragraph 6.26).

41. Schools should take steps to ensure that tuck shops and school vending machines re-inforce the health promotion and health education messages of the school by providing a range of healthy food choices. HM Inspectors of Schools should include the monitoring of the provision by both in their inspections of health promotion and health education and publish their findings in inspection reports (paragraph 6.27).

42. The Scottish Office Education and Industry Department should distribute and commend to education authorities and self-governing and independent schools the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland which can be taken into account when determining contract specifications for school meals provision (paragraph 6.28).

43. In relation to meals provision in primary schools, the opportunity to provide, at all meals, a limited range of menus with vegetables and fruit included in the price of the meals should be explored as a matter of priority (paragraph 6.29).

44. Schools should be encouraged to set up School Nutrition Action Groups which offer a multi-agency approach to tackle food-related education and health issues (paragraph 6.31).

45. Health Boards should explore the potential for partnership arrangements to facilitate the introduction of healthy eating initiatives tailored specifically to the dietary needs of children in schools in low income areas. Such action should integrate with the initiatives proposed to assist low income communities (paragraph 6.32).

CATERERS

46. Catering establishments should work progressively towards providing a variety of vegetables and/or a side salad as part of the main course of every meal. The cost should be included in the price of the meal (paragraph 7.2).

47. All further and higher education institutions offering courses in hotel and catering management should consider including nutrition and dietary education in their curricula (paragraph 7.4).

48. The fast food sector should broaden the range and choice of nutritionally beneficial foods which it offers to consumers. The feasibility of an incremental reduction in the fat content of standard products should be examined urgently (paragraph 7.5).

49. All catering staff should have a basic level of training in nutrition and diet. The training should be validated externally and be linked to, or be part of, the Scottish Vocational Qualification for the catering sector. Its introduction should be considered by the Hotel and Catering Training Company in collaboration with the Scottish Vocational Education Council (paragraph 7.6).

50. The Scottish Office Department of Health should commission the preparation of nutritional guidelines, based on the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland. These guidelines should be provided to all catering staff (paragraph 7.7).

51. A low cost (or free) nutritional advisory service, which caterers could approach for advice and nutritional analysis of food recipes should be piloted. The Scottish Office should fund the cost of a pilot scheme (paragraph 7.8).

52. The Scottish Office should ensure that the catering services of the Scottish Prison Service and other public services in Scotland reflect the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland (paragraph 7.9).

53. The introduction of a national Healthy Eating Award Scheme should be explored by the Scottish Consumer Council in partnership with the Health Education Board for Scotland (paragraph 7.12).

54. The Scottish Tourist Board should consider ways of incorporating nutritional advice within its campaign to raise catering standards throughout Scotland (paragraph 7.15).

THE NATIONAL HEALTH SERVICE

55. The NHS should ensure that the Service's catering specifications take account of the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland (paragraph 8.2)

56. In their planning for continuing professional education, Health Boards and Trusts should ensure that greater priority is given to providing adequate dietary education and counselling skills to enable health professional staff, including primary care teams, to place increased emphasis on giving dietary advice to patients, both opportunistically and routinely (paragraph 8.3).

57. The larger Health Boards should consider appointing public health nutritionists or suitably experienced State Registered Dietitians. The Health Education Board for Scotland should ensure that it has access to expert nutritional advice (paragraph 8.4).

58. Directors of Public Health should include, in their Annual Reports, a summary of their Health Boards' diet-related activity (paragraph 8.5).

59. Medical schools, the Royal Colleges, the Scottish Council for Postgraduate Medical and Dental Education, the National Board for Nursing, Midwifery and Health Visiting for Scotland and the Council for Professions Supplementary to Medicine should ensure that appropriate emphasis is given to nutritional and dietary issues in their respective education and training courses and programmes (paragraph 8.6).

60. The community dietetic service, in conjunction with the Health Education

Board for Scotland, should enhance their national strategy for developing educational materials and should consider what other methods of supporting their professional colleagues may be possible in securing the necessary changes in the diet of the Scottish population (paragraph 8.7).

61. Health Boards should encourage community dietitians to develop further their professional skills (paragraph 8.7).

LOCAL AUTHORITIES

62. The Scottish Office Department of Health should explore with the Convention of Scottish Local Authorities the potential for local authorities to maximise the promotion of healthy eating in their areas and the Convention's role in taking this forward. The key role of the proposed national project officer in co-ordinating, inter alia, the involvement of local authorities in initiatives to improve the diet of low income communities should be brought to the attention of the Convention (paragraphs 5.14, 9.5).

63. Health Boards should seek to develop the health alliance partnerships they have established to maximise local authority involvement (paragraph 9.1).

64. Local authorities should examine, develop and utilise all opportunities available to them to facilitate dietary improvement across the wide range of those of their responsibilities where they can influence the diet of the Scottish population. Authorities should place particular emphasis on ensuring that their catering provision reflects the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland; and that those providing "meals on wheels" services, home helps, care assistants and others involved in food provision hold, and apply, an appropriate knowledge of diet and nutrition (paragraph 9.2).

GETTING THE MESSAGE ACROSS

65. All interests in a position to influence dietary behaviour should ensure that the healthy eating messages which they promote are accurate, consistent and reflect the Scottish dietary targets (paragraph 10.3).

66. The Scottish Consumer Council should consider commissioning a survey of food advertising on Scottish television, and possibly more widely to embrace all the food advertising to which the Scottish population is exposed, reporting its results to Scottish Office Ministers (paragraph 10.4).

67. As part of an integrated and continuing campaign on healthy eating, the Health Education Board for Scotland should explore the feasibility of issuing to every household in Scotland a carefully targeted mail-shot conveying information on healthy eating (paragraph 10.5).

68. The Health Education Board for Scotland should commission the preparation of guidelines to which the food industry and its representative bodies and other interests promoting healthy eating can make reference, when preparing

promotional and educational material, in order to ensure consistency in healthy eating messages, (paragraph 10.5).

69. The Health Education Board for Scotland should explore the scope for, and utility of, a promotional publicity/branding device which might be used on all relevant materials concerned with healthy eating (paragraph 10.5).

70. Employers should exploit ways of encouraging healthy eating by their staff, including the provision of a wider range of healthy food choices in staff canteens and restaurants (paragraphs 10.6, 10.7).

71. Research activity on nutritional aspects of health to improve dietary awareness should remain a high national priority. The Human Nutrition Research Forum, the Technology Foresight Programme, the Scottish Office Agriculture, Environment and Fisheries Department and the Chief Scientist Office, Scottish Office Department of Health, should continue to review research activity, facilitate access to information on funding and disseminate outcomes (paragraph 10.10).

Sectors/ Groups	Primary Producers	Manufacturers & Producers	Retailers	Maternity, Childhood, Schools	Caterers	National Health Service	Local Authorities	Government National Bodies HEBS
Targets	**See Action Points**	**See Action Points**	**See Action Points**	**See Action Points**	**See Action Points**	**See Action Points**	**See Action Points**	**See Action Points**
1. Fruit and Vegetable	1	7, 8, 10, 12, 13, 65	1,9,10, 14-18, 65	25, 26, 31-45, 65	46-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	1, 7,12,14, 17, 18, 20-25, 34-42, 47, 49-54, 57, 59,60, 62, 65-69, 71
2. Bread		7-10, 12, 13, 65	9, 10, 14-18, 65	25, 26, 31-45, 65	47-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	7, 12,14, 17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
3. Breakfast Cereals		7-10, 12, 13, 65	9, 10, 14-18, 65	25, 26, 31-45, 65	47-54, 64,65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65,70	22-24, 31-35,40, 41,43,44,62-65, 70	7, 12,14,17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
4. Fats	2-4	4, 7-9, 11-13, 65	9, 14-18, 65	25, 26, 31-45, 65	47-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	2, 3, 7, 12, 14, 17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
5. Salt		7-9, 12, 13, 65	9, 14-18, 65	25, 26, 31-45, 65	47-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	7, 12,14, 17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
6. Sugar		6-9, 12, 13, 65	6, 9, 14-18, 65	25, 26, 30-45, 65	6,47-54, 64,65,70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	7, 12,14, 17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
7. Total Complete Carbohydrates		7-10, 12, 13, 65	9, 10, 14-18, 65	25, 26, 31-45, 65	47-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70 65-69, 71	7, 12,14,17, 18, 20-25, 34-42, 47, 49-54, 59, 60, 62,
8. Fish	5	7-10, 12, 13, 65	9, 10, 14-18, 65	25, 26, 31-45, 65	47-54, 64, 65, 70	19,22, 23, 25, 26, 31, 32, 45, 55-61, 63, 65, 70	22-24, 31-35,40, 41,43,44,62-65, 70	5, 7, 12,14, 17,18, 20-25, 34-42, 47, 49-54, 59, 60, 62, 65-69, 71
9. Breastfeeding				27-29		27-29		27, 29

1. INTRODUCTION

Scotland's Diet: The Problem

1.1 The Report on the Scottish Diet, published in 1993, commented that:

> "Given the clear benefits that can come from dietary change and the evidence from national data on diet and disease that improvements are under way, the issue is how best to accelerate the process in Scotland so that many more people can benefit from improved health."

1.2 The Scottish Diet Action Plan seeks to address this task through a concerted approach to dietary improvement.

1.3 A well-balanced diet is vital to good health. Conversely, a badly balanced diet is harmful and predisposes people to a variety of serious illnesses including diabetes, coronary heart disease and some cancers. Our diet in Scotland is notoriously unhealthy and worse than that of almost any other country in the Western world. Indeed, next to smoking, it is the most significant reason for our poor health record. Children's diets are particularly poor, with many failing to eat green vegetables and fruit. Sugar consumption is high, especially among children, leaving a legacy of tooth decay among all ages, particularly in deprived population groups who neither have the benefits of fluoridation in the public water supply nor compensate for its absence by using fluoridated toothpaste.

1.4 Put into context, death in middle age in Scotland is twice as likely as in many western European countries. Over 2,600 people under 65 die each year from coronary heart disease, over 4,000 from cancers and around 700 from strokes. Our poor eating habits are a significant factor in many of these premature deaths. The probability of dying under the age of 65 is currently 34% greater than in England. Moreover, diet-related disease among the population contributes substantially to healthcare costs in Scotland and to a much reduced quality of life for sufferers.

Recognition of the problem

1.5 The decisive influence of diet on our health was acknowledged by the Government in the 1991 national policy statement, "Health Education in Scotland". For the first time, a policy was articulated which set national priorities and health targets to tackle the main causes of premature death in Scotland; emphasised the importance of healthy lifestyles; and identified the achievement of a better diet as a priority for action. A further Government policy statement, "Scotland's Health - A Challenge To Us All", followed in 1992. This comprehensive document identified a range of initiatives designed to facilitate progress towards the health targets.

1.6 In response to the vital need to improve Scotland's diet, a multidisciplinary Working Party was established under the chairmanship of Professor Philip James,

Director of the Rowett Research Institute. The Working Party was charged with the specific task of surveying the Scottish diet and of making recommendations on the improvements required. Its Report, published in 1993, leaves no doubt about the direct relationship between poor diet and coronary heart disease, stroke and cancer and about the disease patterns and premature mortality of the Scottish people being heavily influenced by their dietary habits. The Report concludes that the health of Scots, of all ages, is being adversely affected by an unhealthy balance of diet which is low in cereals, vegetables and fresh fruit but rich in confectionery, meat and dairy products with high saturated fat contents, sweet and salty snacks, baked goods of an unhealthy composition and excessive amounts of sugary drinks. As a result of these eating patterns, the Scottish diet is short of certain vitamins and fibre and contains an excess of saturated fat, refined sugar and salt.[1]

The Government's Response

1.7 The Government accepted the findings of the James Report as an authoritative base from which to proceed. After consultation involving a wide spectrum of interests, including the NHS and other health and dental interests; the agriculture, fishing, manufacturing and catering industries; the retail sector; local authority and community interests; consumer organisations; educationalists; voluntary organisations and Government Departments, a number of key national dietary targets were set for Scotland, based on the Report's recommendations and targets. These targets, for the year 2005, are set out below.

Fruit and vegetables: average intake to double to more than 400 grams per day.

Bread: intake to increase by 45% from present daily intake of 106 grams, mainly using wholemeal and brown breads.

Breakfast cereals: average intake to double from the present intake of 17 grams per day.

Fats: (i) average intake of total fat to reduce from 40.7% to no more than 35% of food energy.

(ii) average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy.

Salt: average sodium intake to reduce from 163 mmol per day to 100 mmol per day.

Sugar: (i) average intake of NME sugars in adults not to increase.

(ii) average intake of NME sugars in children to reduce by half to less than 10% of total energy.

[1] It is the sodium rather than the salt (sodium chloride) content of the diet which matters and some foods contain significant quantities of other sodium salts eg sodium glutamate. For convenience, however, and ease of comprehension, reference will be made to "salt" throughout the text.

Breast-feeding: the proportion of mothers breast-feeding their babies for the first 6 weeks of life to increase to more than 50% from the present level of around 30%.

Total complex carbohydrates: increase average non-sugar carbohydrates intake by 25% from 124 grams per day through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption.

Fish: (i) white fish consumption to be maintained at current levels

(ii) oil rich fish consumption to double from 44 grams per week to 88 grams per week.

1.8 These targets are challenging. They cannot be met solely by providing further dietary education and advice to consumers, although this will continue to be very important. Nor can they be met from intake of dietary supplements or vitamin tablets. They demand, in addition, the commitment, interaction, co-operation and support of the wide range of interests involved in all aspects of the food chain, both directly and indirectly.

THE ACTION PLAN

1.9 The fundamental changes required in the Scottish diet will take time to achieve and will need careful planning and implementation. To facilitate this process, the Secretary of State for Scotland established the Scottish Diet Action Group in November 1994 to develop an **Action Plan** with the aim of engaging the commitment and involvement of the wide range of interests in a position to contribute to dietary improvement. The Group was led by the Minister of State at The Scottish Office with responsibility for health matters. Its remit and full membership are set out in the Appendix. The Group was representative of a broad spectrum of expertise - from farmers and other primary producers through to food manufacturers, retailers, caterers, consumers, health professionals, community and education interests and the media. From the outset, despite this wide diversity of interests, a clear commonality of purpose and consensus of view existed within the Group about the need for improvement in the Scottish diet and the approach required to achieve this.

1.10 As the work of the Action Group progressed it became increasingly clear that the most immediate and attainable benefit to the Scottish diet would be an increase in the consumption of fruit and vegetables and of complex carbohydrates from foods such as potatoes, wholemeal bread and cereals. The challenge now lies in ensuring that all sectors of Scottish society recognise both the need to change their diet and the extent of the change required to improve their health and wellbeing. Each sector needs to recognise its role and to contribute to producing an environment where an increase in fruit, vegetables, cereal and fish consumption is readily achievable by individuals throughout Scotland.

1.11 Achieving the remaining dietary targets of reduced intake of fats, salt and sugar may take longer because of significant barriers to change. These include our historically strong attachment to less healthy foods and our cultural reluctance to

experiment with new foods and cooking methods and healthier products, although the latter is now beginning to show signs of being less entrenched; the restricted availability of, and access to, high quality fruit, vegetables, fish etc for vulnerable consumers in low income groups; and the predominantly demand-led market philosophy of producers, manufacturers and processors, who have been generally reluctant to initiate new replacement healthy food products because of potential consumer resistance. The Group had little doubt that these barriers could be reduced - some more quickly than others - if the key participants in the food chain were to acknowledge their potential contribution to improving the health of Scotland and work together, with health policy planners and health promotion agencies, to bring the dietary targets within reach by 2005. Such an acknowledgement by the food chain would represent a clear and public demonstration of its social responsibility in seeking to take into account, in its commercial operations, the health and well-being of its customers.

1.12 This Action Plan looks at the changes required in the diet of the Scottish population in general and of particular groups such as those living in disadvantaged areas, pregnant women, babies, pre-school children and school students; it identifies the contribution which the Group considers each of the key interests exercising major influence over the Scottish diet is capable of making to dietary improvement; and it proposes actions for all of them. The key "influencers" are:

- caterers
- community organisations
- consumer organisations
- Government and its agencies
- local authorities
- manufacturers and processors
- the media
- the National Health Service
- primary producers
- retailers
- schools
- the voluntary sector

1.13 A similar programme of action is underway in England to tackle the dietary problems which exist south of the Border. The Nutrition Task Force, established under the "Health of the Nation" strategy (the English equivalent to the Scottish national policy statement of 1992), published its plan of action "Eat Well" in March 1994 and has since been working towards a programme of implementation. Some of that will be undertaken on a GB basis, eg in the areas of product labelling and product development, and this will bring benefits to Scotland.

Role of the Government and its Agencies

1.14 Much of the action to achieve the dietary targets and consequential improvements in health necessarily rests with consumers and the food industry itself. But the task is very great and will be difficult to undertake effectively, and on the timescale needed, without the support of central Government. It is vital to the success of the Plan, therefore, for Scottish Office Ministers, The Scottish Office,

and relevant Government agencies to demonstrate their commitment to the improvement of the Scottish diet in principle and in three practical ways - by directly facilitating a better understanding of dietary issues by the general public, the food industry and health and educational professionals; by providing support, (including, where appropriate, resources,) to encourage the key actions and initiatives required; and by closely monitoring and evaluating progress.

Monitoring of progress and evaluation

1.15 A substantial part of the Government's contribution should be provided at working level by The Scottish Office and by Government Agencies. But we propose, in addition, that the Public Health Policy Unit of The Scottish Office Department of Health should have responsibility for monitoring the delivery of the action recommended in the Plan. The Unit should report annually to The Scottish Office Interdepartmental Group on Health Strategy, whose members are senior representatives of each of The Scottish Office Departments including agriculture, industry and education. The Interdepartmental Group should maintain an overview of progress both in the implementation of the Plan and towards achievement of the dietary targets. Reporting mechanisms to brief the Policy Unit and Interdepartmental Group in their task include the recently introduced Scottish Health Survey, together with the National Diet and Nutrition Survey. These will provide an important database from which to monitor and evaluate changes in eating habits over the next 10 years. The first Scottish Health Survey is currently underway and will be repeated at 3 yearly intervals, providing a regular and consistent monitoring mechanism. The first results are due to be published in March, 1997.

Resource Implications

1.16 The Action Plan is a framework for a concerted programme to achieve dietary targets. We cannot impose the tasks we see as important, though we can and do press their case hard. Previous reports have confirmed a willingness on all sides to help improve Scotland's diet. It is already the mission of many in health and education, for example, to do so. For others, in food production and marketing, there are opportunities to shape and respond to market demand as part of a constantly changing pattern of investment and targeting.

1.17 A conventional cost benefit analysis of the resources needed and likely savings within the NHS from effective action would be complex and time-consuming, with the collation and recalculation of a very wide range of both direct and indirect costs. Thus to the conventional costs of hospital and health centre care has to be added the cost of time lost from work, the excess cost of disability pensions, the infrastructure cost of diverting resources to cope with the extra demand, and the social costs of illness within the community. One example of diet-related health costs which has been estimated in several Western countries is that of obesity where 7-10% of total health care costs have been related to this condition, both directly and indirectly, through its contribution to other diseases such as diabetes, high blood pressure and heart disease. In Finland, the costs of treating high blood pressure have fallen in the last 15 years because only a quarter of the numbers previously treated now have this condition. Similarly, premature

deaths from stroke and coronary heart disease have fallen by 60-75%. Scotland has, per capita, a substantially higher demand on health care than England and Wales, this reflecting, in part, the extra burden of the diet-related diseases. Such costs will not fall, immediately, however, as dietary changes occur because the corollary of a projected decline in death rates from cardiovascular disease may be an increase in the total numbers surviving with coronary artery disease or strokes. These additional patients will be in need of treatment. A lengthening life expectancy may also bring additional health care costs. The challenge, therefore, is to improve health by dietary means so that there is minimum ill-health until late in life.

1.18 As indicated in paragraph 1.17 the costs and benefits are broader than those relating to the Health Service alone. Although detailed analysis is difficult, it seems feasible that exploitation of new markets for fish, fruit and vegetables, cereals and leaner meat will offer rewards for primary producers which growing demand among more health conscious consumers will boost. Adjusting food products to make them healthier will carry costs for manufacturers, processors and, in some cases, retailers, but, carried out over a period, against the need to respond to changing consumer perceptions and demands which are already evident, they will also bring commercial rewards. Adaptations in training and information for key staff, so that nutrition is better covered, can generally build on courses and opportunities already in place, but there will be development costs.

1.19 A number of early tasks have been identified and costed. For these we recommend funding from The Scottish Office, in particular the appointment of a national project officer to promote and focus dietary initiatives within low income communities within a national strategic framework, the introduction of a pilot scheme providing a low cost (or free) nutritional advisory service for caterers and the issue of a mailshot on healthy eating to all Scottish households. Another large task - the preparation of the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland - has already been tackled; the Guidelines accompany this Action Plan. A great deal can be done with existing personnel and structures. Recurrent investment in new educational, health and other resources can be used to redirect programmes to facilitate dietary change. But some short-term resource will be needed to stimulate initiatives jointly or sequentially in different sectors. We would expect the agencies as well as departments of Government in Scotland to act in support of these recommendations wherever they can.

Timescales

1.20 The Action Plan signposts the way towards achievement of the dietary targets set for the year 2005. The process and pace of change towards that destination will necessarily vary across the sectors concerned. The Plan does not, therefore, set milestones along the route to be reached within rigid timescales. To do so would be impracticable and intrusive. Instead the Group concluded that the various interests involved should be encouraged to initiate the necessary action to set timescales which are practical within their own settings but which result in the achievement of the dietary targets for 2005. The Chief Medical Officer for Scotland and the Public Health Policy Unit will require to monitor closely the action being taken and its progress, and to report annually to the Interdepartmental Group, on Health Strategy.

Terminology

1.21 In this Action Plan we refer, variously, to "healthy" and "unhealthy" foods. This is a form of shorthand for ease of reference for the reader. In practice, there are no intrinsically healthy or unhealthy foods, (other than those contaminated with bacteria or toxins), only healthy and unhealthy diets in which the diet is either well balanced and thus "healthy" or poorly balanced and thus "unhealthy".

Consultation on the Action Plan

1.22 The Group has drawn, in its work, on the great goodwill that was evident following publication of the Report on the Scottish Diet in 1993. The Group's wide span of membership brought expert contributions from food and catering, as well as education and health. This included sectors which are not brought together in Scotland by representative groups. From the Group's collective knowledge and experience have come recommendations with a real impact for good on the Scottish diet. The Group has been further guided by helpful advice from key agencies about particular proposals - designed to test practicality - and acknowledges there too a wide debt. Further discussions will be necessary with the different sectors, as the exploratory steps and developments recommended are completed, and wider action taken on board.

Conclusion

1.23 As we indicate in paragraph 1.12 the proposals in the Action Plan are discussed and presented according to the various sectoral interests and agencies which we believe are capable of exercising major influence on the nature of the Scottish diet. They are many in number. Co-ordinated and concerted action between them will be essential if the dietary targets are to be achieved. The common objective must be to ensure that the barriers to a healthy diet are removed as quickly as possible, and that the public can be encouraged and enabled to make informed and sensible healthy food choices. The Action Plan seeks to address how this objective can be achieved and the dietary targets secured. If the Plan is taken forward effectively, the benefits will be experienced by the whole population within a 10 to 15 year period. But the most significant health gain of all will be the legacy for our children, and succeeding generations, of an improved quality of health and life expectancy.


Green Beans
680g 1lb 8

2. PRIMARY PRODUCERS

2.1 We begin with the primary producers because they are the first link in the food supply chain which culminates in the consumer. By producers we mean, basically, the farming and fish industries. What they produce - and how it is used - is crucial to a healthy diet.

2.2 There is evidence that a high intake of fruit and vegetables of all kinds helps to protect against ischaemic heart disease and a variety of cancers and intestinal disorders, all of which are common in Scotland. Fruit and vegetables provide a wide range of nutrients and other biologically active components which are increasingly recognised as protective of health. These foods are rich sources of several vitamins, including folic acid, which, in addition to preventing deficiency diseases, such as anaemia, are important before and during early pregnancy for the developing fetus and will help prevent arterial damage, coronary heart disease and strokes later in life. Fruit and vegetables also have a variety of complex effects which are linked to the prevention of cancer.

2.3 Cereals in the form of bread and breakfast cereals, pasta and rice are the foods which provide the greatest number of calories in the total diet; they are also important sources of many minerals, including iron, and vitamins and dietary fibre. Greater intake of these commodities is an appropriate substitute for calories derived from fat.

2.4 Higher consumption of fish, in particular oil-rich fish, has been shown to be associated with reduced mortality from coronary heart disease and improved blood lipid profiles.

2.5 Meat and dairy foods can be valuable components of healthy, well balanced diets provided they are eaten in appropriate amounts balanced with other meal components, and provided the meat is lean and the dairy products are low in fat.

2.6 It is clear, therefore, that primary producers have a crucial role in providing healthy food products to consumers. And it is worth noting that certain important groups of fresh foods consumed in Scotland are also produced locally, in particular a number of soft fruits and vegetables, meat and fish. We accept that, prima facie, the **direct** influence of Scottish producers on the Scottish diet may be limited, partly because a relatively small proportion of all foods consumed in Scotland is produced here and partly because the nature of primary production is governed to a large extent by consumer demand. However, as consumer interest in healthy eating has increased, producers have adapted production to meet consumer needs and have developed, especially in recent years, a variety of marketing initiatives to meet that interest.

2.7 The quality of Scottish soft fruit and vegetables, for example, continues to improve year on year. Growers have created novel shopping environments, such as farm shop and farm gate sales, and the Potato Marketing Board has taken steps to encourage consumption of potatoes. All these initiatives have served to heighten the profile to the consumer of the health benefits and attractiveness of fruit and

vegetables. Livestock farmers have sought to provide lower fat cuts of meat and leaner breeds of animals; and they have promoted the naturally lower fat meats such as venison and poultry. In its promotional work, the fishing industry, including the fish farming industry, has highlighted the health attributes of eating fish and has introduced to the consumer new species seldom exploited even 5 years ago. Producers have, therefore, demonstrated clearly their capability to respond positively and effectively to changes in consumer demand. The Action Group believes that there is scope for producers to stimulate demand for their healthy products still further with a change in the overall balance of the foods produced.

2.8 The horticultural sector, in particular, appears to offer real potential for further innovatory promotional activity which, if successful, will provide major opportunities for Scottish producers to contribute to the planned doubling of fruit and vegetable consumption over the next 10 years. The sector has also been organised in such a way as to align itself with the requirements of the supermarkets which, in recent years, have increased both the space and range given to horticultural products and, in doing so, have generated considerable consumer demand. Proposals to reform the EU fruit and vegetable regime are currently under consideration. One of the key features of the proposals is encouragement to set up producers' groups which, amongst other things, will provide the opportunity to improve product quality and increase promotion of fresh fruit and vegetables.

2.9 The Group believes that this should be the impetus for the horticultural industry itself to develop a co-ordinated programme of initiatives to stimulate, inter alia, home demand for fruit and vegetables and to ensure that production meets this enhanced demand. The Group is aware that Scottish Enterprise has helped to establish a working group involving the vegetable and horticultural sectors. Within this working group there may be opportunities to develop initiatives which will benefit both commercial growth and the increased consumption of Scottish cultivated products. It is recommended, therefore, that this working group should be invited to open discussions with The Scottish Office Agriculture, Environment and Fisheries Department, the relevant horticulture producers' organisations, the National Farmers' Union of Scotland, the multiple food retailers, and the Health Education Board for Scotland, to determine both the potential for ensuring maximum opportunities for Scottish produce to meet the expected consumer demand for healthier products and how these opportunities might be exploited. A major increase in the consumption of frozen fruit and vegetables would also lead to health benefits, so opportunities for expansion of the frozen market will need to be examined as well. Development proposals listed in the Annex to this section may offer the kind of opportunities the working group could pursue.

2.10 The meat and livestock industry has already demonstrated that it has the capacity to be both innovative and responsive to consumer demand. Over the last 15 years livestock producers have achieved significant reductions in the fat content of carcass meat through the development of leaner breeds of livestock, new feeding practices and the operation of carcass classification schemes. Livestock producers will wish to continue to respond to changing demand by developing to the full extent possible still leaner livestock taking into account the well-being and productivity of the animals. Many opportunities now exist for technological innovation in the breeding selection process and the industry should urgently

examine further the recent advances in genetics which offer the potential for increased production of lean meats. It is essential that full advantage of this developmental work should be taken and that it should be appropriately focused. The Scottish Office Agriculture, Environment and Fisheries Department is well placed to exercise an overview of current technological innovation. It should determine, therefore, in consultation with the Agricultural and Biological Research Institutes, the Meat and Livestock Commission and the National Farmers' Union of Scotland, the most effective approach to progressing further and co-ordinating this work. The Group understands that discussions with the Commission are already underway in England and so it may be desirable for action to be pursued on a UK basis.

2.11 The Action Group also considers that further opportunities exist for the meat and livestock industry to review its promotion, in the context of its contribution to achieving a healthy balanced diet, of the quality, dietary value, versatility and availability of its low fat products. It is also in a position to encourage healthier methods for their preparation and cooking in the context of an overall approach to the Group's recommendations on healthy eating. The industry, as well as consumers, needs to recognise that the amount of fat present in meat is not an appropriate measure of high meat quality. New approaches are necessary, both to assess and improve meat quality, so that consumers can reduce their fat intake without worrying that they are thereby sacrificing quality and palatability. The Meat and Livestock Commission is currently involved in this area and with some success. It is well placed, therefore, to take this work forward. Consumers have already demonstrated over the last 20 years a change in preference towards some lower fat foods eg semi-skimmed and skimmed milk. Palatability is likely to be influenced by habitual exposure and this offers the opportunity to change it through gradual alterations in food composition.

2.12 The successful work of the meat and livestock industry to reduce the fat content of meat has helped to contribute to the decline in total fat consumption in the UK as measured by the National Food Survey. However, there is evidence that the reduction in fat from meat (and from dairy products) has been offset by an increase in the amount of vegetable fats and oils available in the food chain. Action to reduce the overall fat content of manufactured and processed foods is discussed in Section 3.

2.13 There is the further need to reduce the amount of butter fat in the food chain. At present nearly all the fat skimmed from milk remains within the diet because it is used in the manufacture of cream, certain rich ice creams and bakery products. The food industry should not assume that palatability for a particular fat content in foods is absolute and fixed. As indicated in paragraph 2.11, it should be possible to make gradual changes in the fat content without any loss of palatability. Further action is required, therefore, to reduce the demand for the food products which absorb the excess butterfat. If food manufacturers and processors respond positively in this way, the dairy industry will require to investigate the possibility of alternative non-food markets for butterfat. Scottish Enterprise, Highlands and Islands Enterprise and other such organisations may be able to assist in this.

2.14 Although fish provides a nutritious and tasty meal at relatively low cost and

fish dishes are regarded as being of high status by the more select restaurants, the public tend to regard fish as a somewhat unattractive food for home preparation. Amongst Scottish consumers, the per capita consumption of fish increases markedly with age, with those in the age band 45-64 years eating about twice as much as people aged 16-27 years. The pattern of young people being light users of fish but then increasing their consumption as they grow older is long established and points to the need to capture their interest in fish in imaginative ways at an earlier stage. Scope exists, therefore, for the fishing industry, including fish farming interests, to heighten the profile of fresh and frozen fish, particularly oil rich fish such as herring, mackerel, salmon and trout which are not only of especial nutritional value but also provide economical and easily prepared meals.

2.15 No supply problems exist in relation to the oil rich species. While the total supply of white fish, such as cod, haddock and plaice, is partially dependent on imports, there is, currently, a surplus of home caught or cultivated oil rich fish which could readily meet any expansion in the Scottish market. A surplus would still exist irrespective of any reductions which might be made in future Common Fisheries Policy quotas for these species. The Sea Fish Industry Authority and the Scottish Salmon Board, in conjunction with the Health Education Board for Scotland and with the Scottish Seafood Project (which is supported by Scottish Enterprise and other development agencies) should work, therefore, to explore opportunities to maximise this potential. It may be, however, that the most realistic approach to increasing consumption of oil rich fish lies in the development of a wider range of attractive and nutritious processed products. Such an approach is considered in Section 3 of the Action Plan.

ACTION POINTS

- Action should be taken to stimulate Scottish consumer demand for fruit and vegetables by means of innovative, developmental initiatives and imaginative marketing campaigns. Scottish Enterprise consulting, where appropriate, with the Scottish Office Agriculture, Environment and Fisheries Department, the relevant horticulture producers' organisations, the National Farmers' Union of Scotland, the multiple food retailers and the Health Education Board for Scotland, should continue its work in this area with Scottish vegetable and soft fruit growers in order to facilitate achievement of the doubling of fruit and vegetable consumption, the single most important dietary target.

- The Scottish Office Agriculture, Environment and Fisheries Department, in consultation with the Agricultural and Biological Research Institutes, the National Farmers' Union of Scotland, and the Meat and Livestock Commission, should press forward the breeding of still leaner livestock for human consumption.

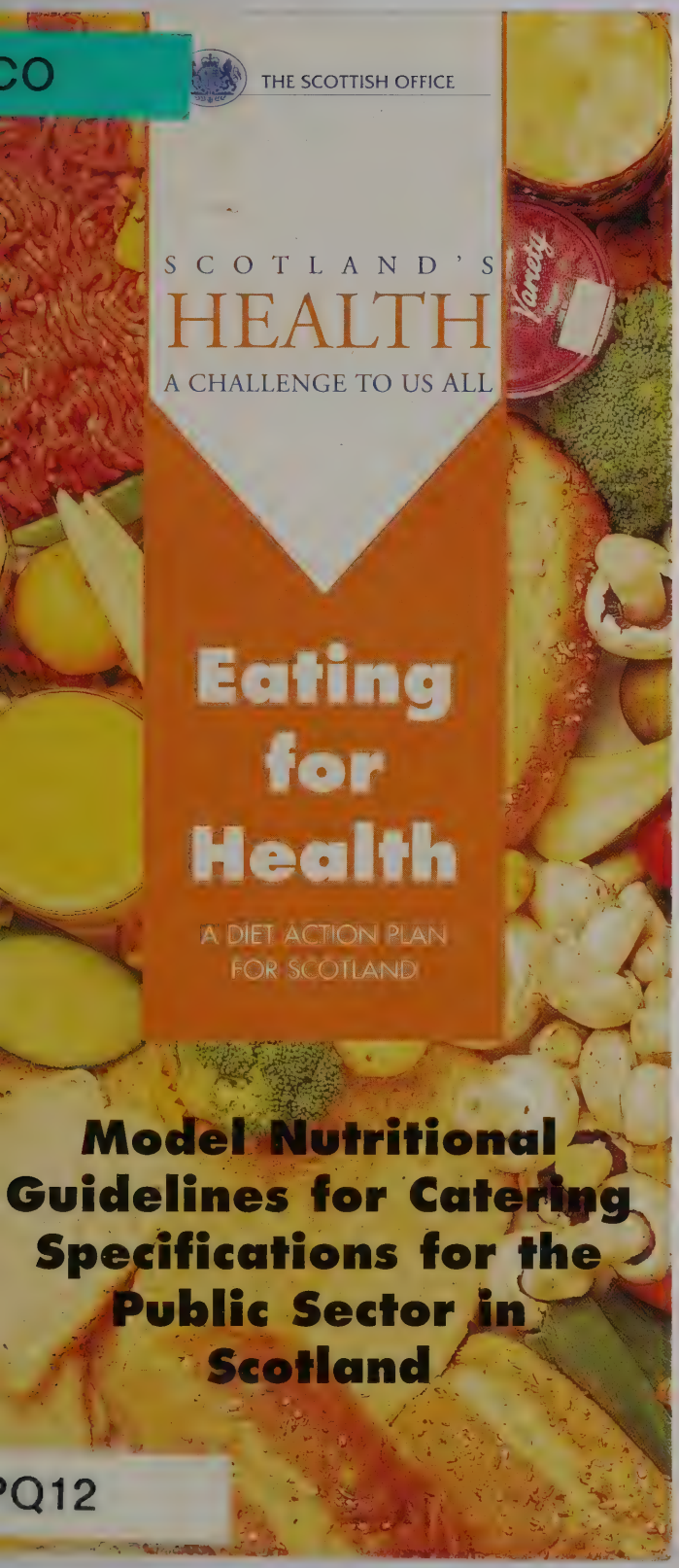
- A co-ordinated strategy should be developed by meat producers, with the assistance of the Meat and Livestock Commission, to develop new low fat meat products which can be promoted collectively by purchasing authorities in the public sector, by health alliances, by retailers and by the Health Education Board for Scotland.

- The dairy industry should explore the possibility of alternative non-food markets for butter fat.

- The Sea Fish Industry Authority and the Scottish Salmon Board, in conjunction with the Health Education Board for Scotland, should work with the Scottish Seafood Project to help stimulate consumer demand for oil rich fish.

POTENTIAL DEVELOPMENTAL OPPORTUNITIES FOR THE HORTICULTURAL SECTOR

- exploration, with the major food retailers, of the sector's capacity to meet supermarkets' requirements with local produce
- development of further innovative advertising methods to promote fruit and vegetables, including potatoes, in terms of their health benefit, versatility, ease of preparation and value for money in order to encourage the required doubling in consumption of these products
- development of a quality mark for fruit and vegetables
- research on the growing of fruit and vegetables in Scotland to expand the variety and suitability of different crops whilst ensuring the biological value, eg nutritional content, of the foods is maintained and, if possible, enhanced.
- increased direct selling at outdoor markets
- encouragement of snacking on fruit
- exploration of the potential for increasing consumption of frozen fruit and vegetables
- expansion of provision of added value crops such as prepared vegetables and salads


THE SCOTTISH OFFICE
SCOTLAND'S
HEALTH
A CHALLENGE TO US ALL
Eating for Health
A DIET ACTION PLAN FOR SCOTLAND
Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland

Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland

Introduction

The Scottish Diet Action Group has emphasised the fact that contributions will be required from many organisations in order to achieve the Scottish Dietary Targets (see Appendix 1). Caterers and food outlets in a wide variety of settings have a role to play both in promoting awareness of healthier choices and more particularly providing suitable dishes and food items.

In order to achieve the Targets consumer choices need to be influenced. One of the significant ways to achieve this is to make healthy choices easy choices with the longer term aim of healthy choices being the norm. A co-ordinated approach covering all food related activities and catering provision is required with common themes running across all food outlets.

There is an obligation on the whole Public Sector within Scotland - the NHS; Local Authorities including Welfare Provision, Police and Fire Services; the Prison Service and the Armed Forces - to set the standard in terms of food and health. Considerable effort has already been made in some sectors but in order to move this forward the following criteria have been developed which the Public Sector is expected to achieve.

This does not exclude the Private Sector which,

in any circumstance where it is contracted to a Public Sector body, will be expected to comply in total.

The importance of strategic objectives for Purchasers and business objectives for Providers in order to facilitate implementation is stressed. Accordingly the following should be adopted throughout the Public Sector in Scotland.

Purchasers

- ★ A statement of commitment at Health Board/Local Authority level to the principles underlying the Scottish Diet Report and nutrition targets.
- ★ A suitably qualified named person ie a State Registered Dietitian responsible for the nutritional elements of the Strategy.
- ★ As a Purchaser, an assessment of population needs in terms of nutrition provision.
- ★ Agreed nutritional specifications and standards of quality for contracts.
- ★ Agreed targets for implementation, with supporting policies where applicable.
- ★ A leading role for the Purchaser in health alliances.

Providers

- ★ Make a clear statement of commitment to The Scottish Diet Report and nutrition targets.
- ★ Integrate nutrition activity with other policies which promote health.
- ★ Provide (approved) training in nutrition and health to ensure that all staff are effectively involved in the strategy.

- ★ Agree nutritional standards for contracts.
- ★ Include nutrition-related action in annual business plans.
- ★ Help to promote the health of the community by becoming involved in nutrition activity beyond contracted services.

General Principles

1. Any specification must take account of the Scottish Dietary Targets and actively promote them. These could be incorporated into and taken forward as part of a Food and Health Policy.

2. A State Registered Dietitian must be part of the formal advisory structure in both the preparation of and monitoring of specifications.

3. Care should be taken with reference to terminology when drawing up specifications. Phrases such as 'could', 'wherever possible' and 'not excessive' should be avoided and the word 'must' be used instead, or in some limited circumstances the word 'should', e.g. caterers 'must offer wholemeal bread'. Measurable statements must, therefore, be included.

4. The specification must contain minimum nutritional/catering statements covering the following:-

   (i) Availability of healthy choices (including

fresh fruit and vegetables) in sufficient quantity and quality to enable clients to meet their daily needs.

(ii) Choice of basic commodities available, e.g. types of bread and milk.

(iii) Healthy food production methods and ingredients, e.g. content of salads and dressing.

(iv) The use of standard recipes based on healthy catering practices.

(v) Menu planning including the frequency of food items on menus e.g. fried foods.

(vi) Purchasing contracts and choice of equipment taking account of points (i)-(v).

(vii) Nutrient targets. These may be included in the form of dietary reference values but food based targets are also essential.
Appendix 2 gives a possible format for minimum standard/content.

5. Menus should be analysed and assessed by a State Registered Dietitian or Nutritionist to ensure that the overall content and construction meet the criteria set. This may be achieved by full nutritional assessment, use of computer programme, ready reckoner or similar tool.

6. The purchasing function must also be detailed to ensure that there is adequate supply/availability of healthier choices and alternatives. The proportion of these commodities should be progressively increased. Commodity specification must address both quality and nutrition - e.g.

processed meat products must not exceed a set maximum fat content.

Purchasing consortia whether Local Authority, Common Services Agency or other groupings should develop nutritional specifications for all major commodities and food plus review the quality and range of certain items eg vegetables. Someone with dietetic expertise must be a member of any such group.

7. Healthy food choices must be positively promoted and marketed within the general context of achieving an overall healthier diet. It is desirable that healthy food choices apply to entire meals and not just to individual items wherever possible. This has training implications for all those involved in food production and food service.

There are also resource needs in the form of supporting material. While larger commercial catering companies may produce their own, many contractors will rely on the Health Education Board for Scotland and Health Boards for this. It is important to establish links with these interests in order that resources available can be used to best effect. Dietitians will also be able to advise in this area.

Guidelines for promotion/marketing are contained in Appendix 3.

8. The philosophy and issue of healthy choices and promotion of these refer to all food provision outlets within the establishment including vending machines, hospitality and, where relevant, tuck shops, concessions and franchises.

9. Training is a critical issue in underpinning all these changes. Caterers need to clearly understand the current recommendations, the importance of healthy eating and their role in promoting better choice.

   Training of all levels of catering staff within the organisation must cover the following in respect of healthy eating: marketing techniques, advising on healthy choices, menu design, recipe design, development and adaptation and food production methods.

   It is also important that the training is delivered by suitably qualified staff experienced in current nutrition practices, for example a State Registered Dietitian.

10. It is expected that the provider should be able to attain at least the standards set in national award and/or local award schemes.

11. Healthier choices should be actively pursued through a price weighting policy. Active consideration should also be given to the inclusion of vegetables as part of a meal rather than being costed and served as a separate item.

12. Effective monitoring is a pre-requisite for successful implementation. Purchasers of catering services must ensure this is carried out and that results are fed back with action taken accordingly thereafter. For monitoring purposes it is, therefore, essential that specifications are explicit with detailed criteria, specific frequencies, etc. Aspects to be monitored include menu design, use of standard recipes, food preparation, cooking methods, portion control, update of commodity/sales analysis, marketing/promotion and feedback from consumers/users.

Individual Considerations

Basic training in food nutrition updated on a regular basis is essential for all staff involved in food provision (both purchasing and cooking) and food related activities. This includes the under fives in nurseries and other child care facilities through to those adults requiring care in the community.

In addition to the general conditions set out above there are specific requirements to be met for various client groups.

Pre-Fives

The approach to food in child care facilities for under fives should follow the philosophy of the Scottish Dietary Targets. This must be reflected by a total approach to food including the use of celebration foods, birthdays, rewards and treats. This whole approach must extend to the use of food educationally and in role play.

Although a diet low in fat and high in fibre-rich carbohydrate is suitable for many children, it may occasionally be too bulky and low in energy to satisfy a young child's nutritional requirements. Therefore, diets must be tailored to suit young children's nutritional and energy needs.

It is best to provide young children with smaller, more frequent meals. Snacks such as bread, fruit, sandwiches and yoghurts are preferred to those high in fat, sugar and salt.

The provision of foods high in sugar should be kept to a minimum, especially between meals and the use of highly salted foods and addition of salt to foods should be discouraged. Serving guidelines listed below also apply to pre-five meal provision.

School Meal Service

The type of service provided can have a major impact on the energy and nutrient intake of children. In addition the type of system in place affects the way children choose food items. As only one meal is usually available within schools it is imperative that this provides sound nutrition.

There is obvious need for consistency between what a school practices and what it preaches ie those who teach and those who provide food need to work together and be saying and doing the same things. All schools must move towards a "Whole Day/Whole School" approach to food. One of the most practical ways to focus on partnership and healthy enabling alliances is the establishment of a Schools Nutrition Action Group (SNAG) - see Appendix 4.

Primary School Children

The basic healthy eating recommendations apply to school children. As most children are ready for a meal at lunch time, this opportunity must be taken to encourage a substantial meal with a desirable nutrient intake.

It is unreasonable to expect all primary school children to be able to select meals with a balanced nutrient content. To avoid grossly unbalanced school lunches, certain service guidelines must be followed.

1. Pupils should not be permitted to select a meal consisting of chipped/fried potatoes only. They should be encouraged to choose a snack or main meal item to accompany the chipped/fried potatoes.
2. Pupils must select at least one item of fruit or vegetable as part of their meal.
3. Pupils should only be permitted to select a maximum of two pudding, cake or biscuit items with their meal.
4. Chipped/fried potatoes should be available on the menu a maximum of twice per week.
5. Only one choice of hot filled roll eg burger, sausage etc, should be available daily.
6. Bridie/Sausage roll/Scotch pie type items should only be included on the menu a maximum of once per week.
7. Yoghurts and a range of fresh fruits should be available daily as alternatives to other desserts.
8. Jacket/baked potatoes, raw vegetables and pure fruit juice should be provided daily.

9. Fizzy drinks should not be provided and semi-skimmed milk should be available daily.

These principles should also be adopted, where practical, in secondary schools.

Welfare Meals, Elderly People and People with a Learning Disability and/or Physical Handicap

The dietary recommendations for fit and active elderly people and for most people with a physical and/or learning disability are much the same as for the general population. There is, unfortunately, a significant proportion of these groups who are at risk of malnutrition with many experiencing problems with feeding, chewing, swallowing and digestion. This may include the house-bound and those living in residential homes or in long term care.

For these people, some of the general dietary recommendations and guidelines are likely to be inappropriate and, therefore, advice from a State Registered Dietitian must be sought when drawing up nutritional catering specifications for their meal provision, particularly welfare meals. The Caroline Walker Trust Nutritional Guidelines for the Elderly should be consulted when drawing up nutritional specifications.

National Health Service

All Health Boards in Scotland are required to have a Food and Health Policy in place. Trusts, Directly Managed Units and other Providers must

also have an active Policy in place which should be monitored through the contracting/quality assurance process.

Catering provision for patients and staff must comply with the general principles set out at the beginning of this paper. However, the nutritional needs of many hospital patients can vary significantly from the norm and this must also be addressed in providing food. Accordingly "Nutritional Guidelines for Hospital Catering" must be consulted when drawing up specifications.

ETHNIC, CULTURAL & RELIGIOUS DIETS

To ensure that all clients' nutritional needs are met it is helpful to provide foods that are familiar to them. When planning menus and selecting dishes it is essential that their specific cultural and religious requirements are considered in addition to the need to provide healthy choices for everyone.

Dietary Targets for Scotland for the year 2005

Fruit & Vegetables	Average intake to double to more than 400 grams per day.
Bread	Intake to increase by 45% from present daily intake of 106 grams, mainly using wholemeal and brown breads.
Breakfast Cereals	Average intake to double from the present intake of 17 grams per day.
Fats	Average intake of total fat to reduce from 40.7% to no more than 35% of food energy.
	Average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy.
Salt	Average intake to reduce from 163 mmol per day to 100 mmol per day.
Sugar	Average intake of NME sugars in adults not to increase.

	Average intake of NME sugars in children to reduce by half ie to less than 10% of total energy.
Breastfeeding	The proportion of mothers breastfeeding their babies for the first 6 weeks of life should increase to more than 50% from the present incidence of around 30%.
Total Complex Carbohydrates	Increase average non-sugar carbohydrates intake by 25% from 124 grams per day, through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption.
Fish	White fish consumption to be maintained at current levels. Oily fish consumption to double from 44 grams per week to 88 grams per week.

Framework Guidance on Operational Aspects of Healthy Catering Implementations

In most of these guidelines numerical targets eg a specific percentage has not been stated but will require to be included in order to provide benchmarks for monitoring. For example in A1, in identifying a need for a choice of wholemeal bread and rolls to be provided, a target proportion should also be stated.

A. Recipes & Food Production Methods

In order to preserve the maximum nutritional value of food and to meet current healthy eating recommendations, the use of food production methods and recipe compilation which optimise nutritional value and implement healthy catering practices must be followed.

1. Increasing Starchy Carbohydrates

A choice of wholemeal bread and rolls must be provided and in adequate quantities.

At least 1/3 wholemeal flour must be used in baking.

A greater proportion of bakery products must be tea breads, plain/fruit scones, etc, rather than "fancy goods".

If providing breakfast, porridge and high fibre/wholegrain breakfast cereals must be provided and no sugar coated cereals used.

Large portions of potatoes, rice and pasta must be offered. Choice of at least two suitable items should be offered at each meal - bread, rice, pasta, potatoes.

Greater use of vegetables, beans and pulses should be made in meat dishes.

Home made soups using grains and pulses must be on the menu regularly as the norm rather than packet soups.

2. Increasing Fruit & Vegetables

A variety of salads and vegetables must be included on the menu with a choice of two vegetables at each meal.

Cooking and preparation methods must be controlled to ensure maximum retention of nutrients.

A wide range of vegetables must be used in salads or salad bars.

Dressings, if used, should be based on low fat yoghurt and/or low calorie mayonnaise in moderate amounts.

Fruit must always be available as an item - fresh, tinned in natural juice or stewed - in addition to inclusion in dishes.

Higher proportion of fruit based puddings to jam/syrup based dishes should be provided.

3. Reducing Fat

Alternative cooking methods must be used instead of frying wherever possible.

If fried, food must be cooked in unsaturated vegetable oil which is changed regularly and well drained.

Lean cuts of meat must be chosen, trimmed of visible fat before cooking.

Gravies, soups, stews, mince, etc, must be skimmed of fat after cooking.

Fats must be used sparingly. A choice of low fat and/or polyunsaturated margarine must be provided.

Unnecessary addition of fat to foods must be avoided ie glazing vegetables, use of spread with moist sandwich filling, extra fat added in cooking.

Low fat natural yoghurt and/or low calorie mayonnaise or salad cream must be used in salad dressings and in recipes using cream whenever possible.

Lower fat cheeses and yoghurts should be used in preference to full fat varieties and low fat milks used whenever possible.

The frequency of high fat processed dishes/foods which contain hidden fat eg pies, pastry, sausages must be limited.

4. Reducing Sugar

Reduce sugar of any kind in recipes for baking and puddings.

Fresh or dried fruit must be used as an alternative to add sweetness in recipes.

Fruit tinned in natural juices must be used in preference to syrup varieties.

Alternative sweeteners to sugar must be available for use in drinks.

Low calorie/sugar free drinks must be provided as an alternative. Water should also be provided.

The provision of confectionery and sugary food items must be limited, particularly between meals and in vending machines where alternative choices must be available.

5. Reducing Salt

Fresh foods must be used in preference to processed, tinned or packet food products.

Salt added during cooking must be kept to a minimum and addition of salt at the table must be discouraged.

More use must be made of herbs and spices to season and flavour food eg for beef use bay leaves, basil or mixed herbs.

Bouillon, meat and vegetable extracts and soy sauce to be used sparingly.

B. Menus

Menu cycles must include identified food choices which can be selected to construct an overall diet which satisfies current nutritional principles and provides adequate choices to allow clients to select foods in sufficient quantity to meet the Scottish Dietary Targets.

C. Purchasing

When negotiating contracts with suppliers and buying catering equipment account must be taken of current healthy eating principles.

D. Hospitality

Healthy choices should always be provided in this area. All hospitality from a simple beverage through to buffets must reflect the overall principles stated in previous sections.

Healthy choices to be available for all courses, with at least 50% of choices provided at each function being healthier alternatives, for example

- wholemeal and white sandwiches
- availability of sweeteners
- limited quantity of pastry based dishes
- half of salads provided must be without dressing or have lower fat dressings
- availability of fruit and fruit juice
- at least half of desserts, bakery products or biscuits to be healthier alternatives.

Guidelines For Promotion & Marketing

Promotion

- Use Food Policy initiatives to raise the profile of the Catering Department.
- Advertise the canteen/dining room as having an increased range of healthy foods.
- Display Policy Statements.
- Use menu boards to highlight healthy options.
- Make use of promotional material available from Health Boards or other appropriate organisations.
- Maintain interest by having theme days.

Marketing

- Ensure that healthy choices are given prominence in each section of the servery.
- Make healthy options available in good quantities (the more the customer sees of a product the more confidence there is in choosing it).
- Select items to display to particular advantage eg bread and rolls, fresh fruit.
- Promote new items by providing tasters.
- Give low priority to branded snacks, confectionery and soft drinks.
- Consider pricing policies which favour healthy options.
- Use link techniques at advantageous prices to encourage uptake of healthy items.

Role of Staff - Ensure that staff are trained to fulfil their role in promoting healthy eating by:

- being able to answer questions about cooking methods and ingredients;
- being confident in recommending healthy choices and suggesting accompaniments eg salad, vegetables;
- using portion control to influence nutritional value eg portion of potatoes and vegetables in relation to meat;
- being particular about presentation.

School Nutrition Action Group (SNAG)

Schools should move towards making nutrition a focus of their health promoting initiative. In so doing many set up a SNAG.

1. What Is A SNAG?

It is a multi-disciplinary group from within a school which will act as a "powerhouse for change" to tackle food related education and healthy issues. It is a tool for schools to use when dealing with food and health related issues, such as:-

- "healthy" tuckshops
- "unhealthy" food choices made by pupils
- breakfast provision

The main philosophy behind a SNAG is that there should be "**WHOLE DAY/WHOLE SCHOOL**" approach to food/healthy eating promotion in schools.

For far too long, most schools have had no common food policy. With the development of Devolved Management Responsibility (DMR), it is vital that schools understand the growing responsibility they have to create their own food policy or build on the local Food and Health Policy. Catering Staff should be key players at school level with adequate dietetic support available to facilitate this process.

2. The Main Remit Of A SNAG Should Be:-

- To provide a health-promoting environment in school.
- To offer pupils an opportunity to voice their concerns about the provision of healthier, attractively priced, more interesting food.
- To establish, monitor and evaluate a consistent food policy.
- To ensure consumers and providers are involved in and have ownership of all food provision in school throughout the day.
- To empower pupils and staff to make improved choices about food.

3. Typical Membership Of A SNAG should be drawn from:-

- A representative from the school's senior management eg head teacher/deputy head teacher.
- A representative from a key curriculum eg home economics/health education co-ordinator.
- Catering Manager/Area Manager from Catering Service
- Representative/s from the pupils
- Community Dietitian
- School Board representative
- Health Education Adviser
- School Nurse
- Dental Education Representative

The actual make-up of a SNAG will often depend on local circumstances - who is interested, who has expertise or who has time - but pupils MUST be included. This is essential to allow the development of sensible attitudes to healthy eating.

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ixed
bles
A Selection of Carrot
Peas, Supersweet
Sweetcorn, Cut
Green Beans
and Broccol
680g 1lb 8

3. MANUFACTURERS AND PROCESSORS

3.1 Changing the amounts of some commodities in manufactured and processed foods would contribute greatly to improvement in the Scottish diet. As indicated in the Introduction the principal areas where change is required are:

- reducing the amount of fat, salt and sugar in the whole range of savoury and sweet products and bread and bakery products;

- increasing consumption of fruit and vegetables and of the complex carbohydrates found in pasta, rice, cereals and wholemeal flour.

Some manufacturers and processors are beginning to adjust the composition of their products to reflect, in some measure, these desired changes, as is the bakery industry. But, overall, the numbers doing so are small and progress is slow. The reason for this is the current low demand from consumers and the retail sector for such products in relation to that for "standard" products.

3.2 Low fat and reduced fat products are now appearing more frequently on retailers' shelves but they represent only a fraction of all fat containing products. There are significant opportunities for manufacturers and processors to increase the range of these products. A number of barriers currently frustrate this. A few involve practical difficulties relating to food technology. But the others are rooted more in conventional practices which the Action Group believes are susceptible to change. One problem noted by manufacturers and processors in relation to reducing fat in processed foods is that tasting and rating trials confirm that consumers often want a certain (high) level of fat in products to assure maximum palatability. However, assessment of palatability and the results of trials are influenced by the customary diet of participants, as discussed also in paragraph 2.11. Trials should be conducted, therefore, with people with differing, and known, fat intakes. Palatability should be assessed over a period of gradual alteration in food composition. In view of the long standing exclusion or neglect of fat as a health issue when formulating products, the Group considers that many products have a fat content substantially higher than that needed to produce a high quality product. There is, therefore, potential for real reductions in the fat content of a wide range of both sweet and savoury products.

3.3 A particular incongruity, as indicated previously in paragraph 2.13, is that the butter fat skimmed from full fat milk to produce low fat milk remains in the food chain, for it is used as an ingredient in other food products eg cream and certain ice creams, particularly the "luxury" varieties. Consumers' butter fat intake is, therefore, simply derived from other food sources. And in some products, such as crisps, high fat products compete unnecessarily with low fat alternatives where there is little noticeable difference in either texture or flavour. New strategies need to be developed, therefore, to identify a range of low fat options and to promote these through a variety of catering and retail outlets.

3.4 As with fat, there are moves by some manufacturers and processors to reduce levels of salt in their products. But a major move towards lower salt contents, and specifically the use of the more expensive salt substitutes in whole food groups, such as bread and breakfast cereals, is currently limited not only by manufacturers' and processors' concerns about consumer resistance but also potential competitive price disadvantage. There is a need, therefore, for all the major multiple retailers to agree, with their product suppliers, food product specifications which stipulate reduced levels of salt. Children and adults alike do not detect small, progressive decreases in the salt content of products. Large changes, like a 20% reduction, have been readily discerned during taste panel trials. However the palate adapts quite readily to progressive 2.5% changes made over a period of months and several manufacturers have pursued a successful policy of gradually reducing the salt content of their products in this way. This practice needs to be more widespread.

3.5 The target for childrens' sugar consumption is a reduction of 50% so that sugar intake represents less than 10% of total energy. The general objective in relation to the adult population is to ensure that their level of sugar intake does not rise. The clear priority, therefore, relates to children's consumption of sugar, much of which is in the form of sweet snacks and high sugar drinks. The Group noted that a number of food manufacturers and processors are already beginning to reduce the sugar content of certain products, possibly because of consumer demand for products conducive to weight loss. There appears to be no reason why this development should not continue as consumers' palates adapt. Soft drinks manufacturers, increasingly, are providing sugar free diet versions of their products. They remain reluctant, however, for marketing reasons, to reduce, even slightly, the sugar content of their standard products (which are preferred by children). Change will have to be driven, therefore, largely by consumer, including parental, demand. Those involved in large bulk buying, eg in the public and private catering sectors, have opportunities for specifying a new lower sugar content in the products they purchase, thereby providing a commercial stimulus for manufacturers.

3.6 One particularly effective approach, in view of the potential significance for lifetime eating habits of patterns established at an early age, would be direct action to limit, or eliminate, the sweetness of weaning and infant foods so that preference for less sweet products becomes the norm, both in childhood and later life. If this were achieved it would obviously have a lasting influence on consumer demand across the whole range of food products.

3.7 Traditionally manufacturers and processors have been responsive, rather than proactive, to consumer and retailer demand, and their concern about the potential commercial risk in developing new products in advance of specific demand for them is understandable. The Group believes, however, that the increasing consumer, and hence retail, interest in healthier low fat, low salt and low sugar products will require manufacturers and processors not only to respond promptly to demand, as they have done in relation to consumer demand for low fat dairy products, but will also offer the opportunity for them to anticipate consumer demand with a range of high quality, healthy products which, with innovative promotion, would enable the industry to extend its markets profitably. It is clear then that, as with producers, the manufacturing and processing sector has scope to make a substantial contribution to improving the Scottish diet. The Group

identified a variety of actions which would facilitate such development.

3.8 The Group considers that a prime factor in determining the motivation of manufacturers and processors to contribute to dietary improvement is the sector's basic knowledge of nutritional matters. It believes that, although some large companies have an appropriate understanding of nutritional values, there is less awareness in smaller businesses, particularly at the craft end of manufacturing and processing. There is, thus, a need to consider how awareness can be improved. Local Enterprise Companies currently support a variety of training courses on food hygiene, food handling and catering which are aimed at a wide range of interests. However, only the catering courses contain any nutritional guidance and even that is limited. There is a need, therefore, for the training provision offered by SCOTVEC and Industry Training Groups to be extended to provide an appropriate level of nutritional training for manufacturers and processors, similar to that which we have also recommended for the catering industry in paragraph 7.6 of the Action Plan.

3.9 A number of opportunities exist for the food industry to benefit from new schemes for enhancing food quality in Scotland and individual small companies have expanded their markets rapidly by producing new healthier food products. There are technological developments which could be applied to improving the nutritional quality of foods and some of these have been developed by Scottish companies. In reviewing new product development of healthier foods, the Group came to the view that greater innovation is certainly possible and would be of substantial commercial benefit to the Scottish food industry. This conclusion is in line with that of the Food and Drink Technology Foresight Panel, set up by the Office of Science and Technology, which indicated that there was a need, inter alia, to improve innovation in small to medium sized food companies.

3.10 The food manufacturing and processing industries should explore further, therefore,the availability of new technological developments which will enable them to manufacture both their existing and new high quality food products with a low fat, salt and sugar content. They should aim, also, to make maximum use of those commodities for which a substantial increase in consumption is sought,namely fruit, vegetables, oil rich fish, and complex carbohydrates in the form of rice, pasta and cereals. A number of organisations* exist which the food manufacturing and processing industries may find it helpful to approach for advice in matching technological progress to commercial development.

3.11 The Scottish Food Product Development and Quality Management Scheme, supported by the Scottish Enterprise Network, could also help manufacturers to develop healthier products where there is commercial opportunity in doing so. The Scheme provides up to 25 qualified Food Graduate placements, including placement opportunities for European graduates, to companies for one year to assist them in the areas of Food Product Development and Quality Management Systems.

* Sources of expertise and research advice in this area include the Regional Food Technology Transfer Centres and University research units.

3.12 A further initiative which the manufacturing and processing industries should explore is an audit of the fat content of products, as proposed also in the Nutrition Task Force programme, first to determine the levels in existing products and, thereafter, to devise an appropriate mix of techniques and new product formulations which will deliver attractive reduced fat products. The Group is aware of the discussions currently taking place in the context of the Nutrition Task Force Programme which the Department of Health and the Ministry of Agriculture, Fisheries and Food are undertaking with the food industry. Some companies have already made changes to the fat content of their products but the scope for continuing reduction requires to be examined further. Manufacturers and processors may find it helpful to consult recognised sources of expertise and research advice* on how best to approach such an audit.

3.13 The Group noted with interest a variety of technological developments including the development of fat replacers. Some Scottish manufacturers are already able to produce, for example, very large reductions in the fat content of their products: these developments need to be expanded. It is important, however, that any new fat replacer is seen to be of nutritional benefit and does not disadvantage the consumer in other ways while claiming the technological feature of being "low fat".

3.14 As discussed in paragraph 2.14 of the Plan, there is a need to market fish more effectively to the young. For this group, ease and convenience are paramount, and this offers opportunities for fish products and ready prepared fish meals. Fish is less well represented in this category of food product than some others, such as chicken, despite being particularly well suited to microwave cooking. Substantial scope for the development of a wider range of fish dishes would appear, therefore, to exist and the Group welcomes the study into new product concepts recently commissioned by the Sea Fish Industry Authority. The Authority, together with the Scottish Seafood Project (which is supported by Scottish Enterprise and other development agencies), should take steps to encourage manufacturers and processors, specialising in pelagic fish products, to take up identified product opportunities, particularly those using oil rich fish.

3.15 The Group considers that industry and trade organisations, such as the Confederation of British Industry (Scotland), the Potato Marketing Board and the Meat and Livestock Commission, are in a position to assist and support the manufacturing and processing industries to increase the range of healthier food products and to maximise the commercial opportunities which they offer.

3.16 If consumers are to make appropriate healthy food choices, manufacturers and processors will need to make sure that the labelling of their products contributes readily to consumers' understanding of the product composition and also of the nutritional value. As discussed in paragraph 4.7.8 of the Plan, retailers also have a responsibility to ensure that their "own brand" products are clearly labelled in this way. At present the labels on foodstuffs, subject to certain exceptions, must show a list of ingredients in descending weight order. Most food labels also provide information on a voluntary basis on the nutritional content of food. When a nutritional claim is made, such as "low fat", "reduced sugar" or "high

* Sources of expertise and research advice in this area include the Regional Food Technology Transfer Centres and University research units.

fibre", the label is required to contain information about the nutritional value of the food. It is important, however, that such information should be presented in nutritional terms which can be easily understood by consumers. The Group acknowledges that there may be some constraints to achieving optimum presentation, in part because of the provisions of the EU Directive on Nutrition Labelling. This Directive currently requires all amounts to be given in a standard numerical format of 100 grams or 100 mls of the food. These amounts may also be given per quantified serving. In this context the Group acknowledges the work initiated by the Food Advisory Committee of the Ministry of Agriculture, Fisheries and Food and the Nutrition Task Force and the research initiative being taken by industry interests, through the Institute of Grocery Distribution, to establish the best way to give nutritional information on labels to help consumers make informed and healthy food choices.

3.17 A further way of clarifying for consumers the composition and nutritional value of foods may be to provide such information at the point of sale or in inserts which do not contravene the EU Directive. The feasibility of doing so should be explored.

ACTION POINTS

- Companies which manufacture weaning and infant foods should work towards products which are free of, or low in, non milk extrinsic sugars. Catering and retailing organisations can help the manufacturing and processing sector in this by making joint decisions on nutritional specification to provide commercially viable outlets for new products of high nutritional quality.

- The training provision offered by SCOTVEC and Industry Training Groups should be extended to include nutritional training for the food manufacturing, processing and bakery industries.

- The food manufacturing and processing industries should investigate how new technologies can specifically facilitate the manufacture of existing and new food products which are low in fat, salt and sugar, consulting, as appropriate, with recognised sources of expertise and research advice in this area.

- The food manufacturing, processing and bakery industries, in consultation with the retail sector and recognised sources of expertise and research advice in this area, should introduce small but progressive reductions in the fat, salt and sugar content of manufactured and processed foods and of bakery products; and in the sugar content of non-diet versions of soft drinks.

- The food manufacturing and processing industries, in consultation with the retail sector, and recognised sources of expertise and research advice in this area, should develop a wider range of products containing those commodities of which an increase in consumption is required, in particular fruit and vegetables, complex carbohydrates and oil rich fish. Steps to

encourage product development using oil rich fish should be taken by the Sea Fish Industry Authority, together with the Scottish Seafood Project.

- The food manufacturing and processing industries, consulting, as appropriate with recognised sources of expertise and research advice in this area, should consider how best to facilitate, by audit and other means, a reduction in the fat content of existing products to help achieve the dietary fat targets.

- Industry and trade organisations, such as the Confederation of British Industry (Scotland), the Potato Marketing Board and the Meat and Livestock Commission, should explore with companies how to bring benefit to their sector by joint activities to improve the commercial opportunities derived from nutritionally improved products.

- As far as is practicable within current legal constraints, the manufacturing and processing industries should ensure that the information about the composition, and also the nutritional values, of their food products provided on labelling, and at point of sale and in promotional material, is presented in ways which facilitate the public's understanding of these values.

4. THE RETAIL SECTOR

4.1 Consumer demand drives the entire food network. But that demand is shaped by many factors. The most influential is the impact of the large multiple retailers on consumer choice, through their contractual relationships with primary producers and food manufacturers and their extensive promotional activity.

4.2 Over the last 30 years, 60% of all food sales in the UK have transferred from small independent retailers to be concentrated in a small number of large multiple retailers. The success of supermarkets has in the main been due to their ability to anticipate the needs and expectations of consumers, and to deliver to them a wide range of products of high quality and freshness at competitive prices. Supermarket 'own brand' goods have also contributed to the shift in the market: over 50% of the major retailers' sales now consist of such products, the composition of which is determined by the supermarkets' own specifications. 'Own brands' are confidently expected to continue to increase their market share.

4.3 Whilst supermarkets are now dominant in food sales, independent traders are still important. Their role is to provide a local source of supply to those who cannot, or do not wish, to shop in supermarkets and a "topping up" service to those who do. Some, such as bakers, and greengrocers and fishmongers of whom there are higher than average numbers in Scotland, provide predominantly fresh foods and are in a position themselves to provide direct encouragement to consumers to increase their consumption of bread, fruit and vegetables and fish. The majority of independent grocers are supplied through wholesalers and "cash and carries" or are members of central buying groups. However, although they are not well placed to influence directly the composition of the foods they sell, they are in a position, in common with the large multiples, to modify the purchasing patterns of their customers through pricing, promotions and imaginative shop displays.

4.4 In the last 10 years most supermarkets have become increasingly sensitive to the concept of healthy eating and have promoted healthy foods. Better organisation of production, improved sourcing and distribution, and the allocation of greater shelf space have all contributed to the increased availability to consumers of a wide range of fruit and vegetables. Supermarkets have also been successful in developing product substitution, particularly in the dairy sector where semi-skimmed milk, low fat spreads and yoghurts have increasingly become the "norm". They have also assumed a health education role with their in-store provision of healthy eating leaflets and recipes.

4.5 It is essential, however, that supermarkets adopt an holistic approach to the development of their healthy eating strategies to ensure that the message to consumers is consistent. For example, the food available in in-store cafeterias should include a range of healthy choices and should not represent a balance which directly contradicts the promotion of healthy eating products on sale in the store itself.

4.6 The Group considers, in consequence, that, because of their awareness and

ready acceptance of the need for healthy eating and their pivotal and influential role in the food network, further action by the big supermarket chains offers the best prospect for achieving the dietary change essential in Scotland. The Group strongly believes that the multiple food retailers should grasp the opportunity which this presents for them to develop further their contribution to improving the diet of the Scottish people.

4.7 The Group identified a range of ways in which supermarkets' contributions could be taken forward. These are described in the following paragraphs.

Extension of Product Substitution and New Product Development

4.7.1 Possibly around 20-30% of the target reductions in saturated and total fat, 80% of the salt reduction and 50% of the child sugar reduction could be met from changes in the processed food available in shops. The Group acknowledges, however, that to achieve such targets through fundamental shifts in dietary pattern is a difficult short term objective. Converting a population from high fat products and sugar confectionery to fruit,and from biscuits to bread, will be achieved only as the values and attitudes of a population change over time in response to education, understanding and, finally, acceptance.

4.7.2 Whilst these more fundamental changes in diet are evolving, supermarkets should continue to expand their ranges of healthier alternatives to traditionally accepted products high in fat, salt and sugar. So far these alternatives have had the greatest impact on consumer uptake and provide the most significant opportunities for modifying nutrient intake in the short term. In addition, and consistent with the recommendations already made for food manufacturers and processors, compositional changes which optimise nutritional values and palatability are also possible, as is the ability to effect gradual but continuous changes in product composition so as to wean consumers into accepting palatability changes. Given their now substantial market share, supermarkets' own brand products offer the ideal opportunity to pursue these approaches across entire product ranges. This approach could also be adopted by supermarkets in their development of new products which would not only use lower levels of fat, salt and sugar but also reflect the need to introduce, more widely, the healthier primary produce, eg fruit and vegetables and fish, particularly oil rich fish.

4.7.3 In this way, progress towards dietary targets could be made, proactively, by efforts from within the food industry itself, first to modify the supply end of the market without the initial trigger of consumer demand and, second, to provide consumers with a much greater variety of healthy food choices. It is vital, however, that all the major multiple food retailers should participate in this initiative if it is to impact on the dietary targets and to avoid retailer concerns about competition.

4.7.4 The Action Group recognises that the structure of the multiple food retail sector makes it difficult to take forward such an initiative in

Scotland alone. First, there are no longer any major supermarket chains, or independent buying groups, based in Scotland. Second, while some food manufacturers and processors vary product composition and range according to specific regional preferences, the majority work to a single recipe specification for each product for the UK as a whole. The supermarkets may consider, therefore, that a UK approach would be more appropriate although they may wish to examine whether it would be productive for them to make more use of their Scottish stores when conducting consumer trials of new products. The success of such product adjustment could only be achieved by concerted action by the major multiple food retailers. The Group recommends, therefore, that senior executives from the major retailers operating in Scotland should be approached by The Scottish Office to develop arrangements for co-operating with Health Boards and the Health Education Board for Scotland, as well as other public sector bodies, to facilitate and promote a healthier diet. Joint public-private sector promotional schemes could be developed whilst maintaining the competitive element; and some potential initiatives are discussed below.

Campaigns for Health Promotion

4.7.5 Supermarkets, in consultation with the Health Education Board for Scotland, Health Boards and academic groups, could devise healthy eating promotional campaigns designed to encourage increased consumption of the healthier commodities, such as fruit and vegetables, fish, wholemeal breads, pastas and rice, and of those manufactured foods which contain leaner meats and reduced levels of fat, salt and sugar. Supermarkets might also consider making use of their pricing strategies in conjunction with specific promotional campaigns organised jointly with consumer and public health groups in ways which preserved the overall profitability of their sales.

Location and Presentation of Products

4.7.6 In their location of products, supermarkets should consider ways of giving greater prominence to healthy products. The promotion by some supermarkets of fruit, instead of confectionery, at check-outs is an example of the scope which exists for change.

4.7.7 The presentation of fresh fish by supermarkets could also be improved. Supermarkets have long been the principal outlet for frozen fish. In recent years, through the opening of fresh fish counters, they have become dominant in all forms of fish retailing. Recent research into consumers' attitudes to fish, undertaken by the Sea Fish Industry Authority, confirms that the healthy attributes of fish are well understood and important to consumers, but they fail to buy fish because of perceived difficulties in preparation and cooking, and the problem of bones and smell. These negatives affect, particularly, the oil rich species but neither problem is insoluble. Supermarkets are now beginning to appreciate the need for trained staff on their fresh fish counters. There is also a need for them, however, to examine their current marketing and presentation of fish in

collaboration with the Sea Fish Industry Authority, the Scottish Salmon Board and Scottish Enterprise to focus consumers' attention not only on its nutritional benefits but also on its convenience and value for money.

Labelling and Point of Information Sales

4.7.8 As indicated in paragraph 3.16 labelling of "own brand" food products by manufacturers and processors should provide easy to understand information to customers about both product composition and nutritional values of foodstuffs. There is a role for supermarkets to ensure that suppliers do this.

4.7.9 More comprehensive in-store information should be provided about the relative nutritional value of products. Greater use of in-store food demonstrations might be made, accompanied by essential advice to consumers about effective food storage and cooking practices.

Low Income Communities

4.7.10 As indicated in paragraph 5.8 of the Plan, low income communities frequently do not have ready access to supermarkets. The least healthy 10% of the population live within these communities and the scope for improving diet, and consequently health, is greatest within this population group. However, their low car ownership constrains their access to the large supermarkets which, in recent years, have tended to locate increasingly at the periphery of cities. Supermarkets, therefore, should explore jointly with the national project officer, whose appointment is proposed in paragraph 5.14, the possibility of providing to low income communities the opportunity of free, or low cost, transport to their stores. They might also consider, with low income communities, alternative ways of improving the availability to them of supermarkets' generally high quality, competitively priced healthy foods.

4.7.11 The Action Group understands that the recently published National Planning Policy Guideline on Retailing, which updates the 1986 guidance, seeks, inter alia, to encourage the retail sector to locate in areas not dependent solely on access by car. The Group welcomes the potential benefit which future planning decisions may bring to low income communities by facilitating their access to supermarkets.

Mother and Baby Rooms

4.7.12 Supermarkets could also contribute to the achievement of the breastfeeding target by providing, more widely, "mother-friendly" in-store facilities for mothers where they can breastfeed their babies within a comfortable environment. They may also wish to consider a policy of welcoming mothers who wish to feed their child within in-store cafeteria areas. This issue is discussed further in paragraphs 6.9 and 7.16.

Electronic Point of Sale (EPOS) Data

4.7.13 Electronic point of sale information maintained by supermarkets could provide, in addition to the Scottish Health Survey, an invaluable source of data for the monitoring and evaluation of the various initiatives to promote improved diet. Supermarkets' customer Loyalty Card Schemes are proving attractive to consumers. If this continues, the Schemes should encourage customer allegiance to the supermarket of their choice, thus enhancing the quality and consistency of the EPOS data. We understand that some preliminary discussions about the use of EPOS data have taken place between supermarkets and the Department of Health and the Ministry of Agriculture, Fisheries and Food in the context of the Nutrition Task Force Programme. The Scottish Office Department of Health should, therefore, also consult the major supermarkets to explore the feasibility of accessing this data and to examine with them the scope for other uses to which loyalty card data might be put.

ACTION POINTS

- In view of the crucial role of the multiple food retailers operating in Scotland, identified by the Action Group, in improving the diet of the Scottish people, The Scottish Office should take steps to bring together these retailers to consult and to consider with them how best to effect their potential contribution, including the opportunities for them to deliver a much wider range of healthy food products.

- Supermarkets should further develop innovative ways, including in-store initiatives, of marketing healthy products to consumers. An holistic and consistent approach is vital.

- Supermarkets should ensure that the labelling of 'own brand' products in their stores provides easily understood information on product composition and nutritional value to enable consumers to make healthy food choices.

- Supermarkets should examine, in consultation with the proposed national project officer, the feasibility of measures, such as free, or low cost, transport, to facilitate access to their stores by low income consumers within the community. They should also consider, with low income communities, the development of alternative ways in which the healthy food products available in supermarkets could be made more readily available to these communities.

- The Scottish Office Department of Health should explore with the major multiple food retailers the scope for access to their electronic point of sale (EPOS) information to facilitate the monitoring and evaluation of the various initiatives being undertaken to improve the Scottish diet. Further potential advantages provided by loyalty card data should also be investigated.


Green Beans
680g 1lb 8

5. COMMUNITY ACTION

5.1 Ultimately, what we eat is what we choose to eat. Choice, however, is dependent on a number of factors, including access to shops and supermarkets; culinary skills; powerful cultural conventions; cooking facilities; awareness of what is healthy and what is not; and, of course, resources. Not all of us have the same scope or ability to select the foods best suited to our health. Geographical, economic, social and infrastructural factors can all be influential and may either inhibit or enhance our capacity to eat healthily.

5.2 For most people in Scotland, access to healthy foods is not a problem. The difficulty lies rather in persuading them that buying and eating healthy foods can be enjoyable and satisfying as well as healthy and inexpensive. Elsewhere in this Action Plan, we describe how this could be achieved.

5.3 Conversely, for many people in the less well off areas, there are a number of real practical obstacles to healthy eating. Not least is the location of supermarkets, access to which normally necessitates the use of a car. These are also the areas where diet is worst and where the incidence of, for example, coronary heart disease is highest. "Scotland's Health - A Challenge To Us All" recognised this dilemma and emphasised that there was a particular need to encourage and enable people living in disadvantaged areas to adopt a healthier diet.

5.4 Some good work has already been done. Health education initiatives at local and national level have focused on low income communities; the Urban Programme has been used to fund a number of projects aimed at fostering healthy eating; and a whole spectrum of community activity, ranging from food co-operatives to community cafés, has been undertaken, often by volunteers. In addition, in order to better inform strategies for dealing with diet within low income communities, the Health Education Board for Scotland has commissioned the Medical Research Council's Medical Sociology Unit in collaboration with the Department of Human Nutrition at Glasgow University to undertake an audit of community food initiatives. This is examining a range of aspects, including funding arrangements, levels of activity, support requirements and the impact of such initiatives on reducing food poverty. It will be important to build on the audit's findings.

5.5 Following a recommendation in "Scotland's Health", The Scottish Office funded local initiatives in four Urban Partnership areas based on local perceptions of how dietary improvement might best be encouraged. In Wester Hailes in Edinburgh, the focus was on schoolchildren, with vouchers issued as part of an incentive system in which points were given for healthy food choices. In Castlemilk in Glasgow, the projects included the production of a local healthy recipe book; funding to community cafés with taster days to encourage participation; and research to establish costs of food purchases in different areas and local perceptions about the availability and price of food. In Ferguslie Park in Paisley, an information folder on diet was distributed to local residents and a minibus and crèche facilities were provided to improve shopping opportunities. In Whitfield in Dundee, a kitchen running healthy eating and cooking classes was

established, with a particular focus on mothers with young children and the young unemployed. Initial evaluation of the projects has been positive and offers useful pointers to future action.

5.6 All these initiatives are helpful and have a contribution to make. But problems remain and further action is required.

5.7 The Group identified four main, but interlinking, barriers to progress. These are:

- limited availability of healthy foods, such as fruit and vegetables, of an acceptable quality and cost.
- the difficulty and expense of travelling on public transport to large retailers, eg "out of town" supermarkets, where supplies are usually excellent.
- lack of basic cooking skills and equipment.
- long established dietary habits and reluctance to experiment with new foods.

5.8 Paragraph 4.7.10 of the Action Plan highlighted the particular problem of access to the large "out of town" supermarkets. The reality is that the range of foodstuffs available in the disadvantaged areas is limited, often lacking in freshness and quality, and sometimes expensive. People in these areas are less likely to have their own transport, thus impeding ready access to supermarkets and stores in other localities stocking quality products at competitive prices. Conversely, economic considerations militate against major retailers locating their stores in these areas. Action is necessary to bring the facilities of the major stores within easy reach. The Group understands that at least one of the major retailers is prepared to explore the possibility of introducing free or low cost transport to the areas in which their stores are currently located. The Group looks forward, with interest, to the outcome of such initiatives.

5.9 Food co-operatives have a continuing role. But their potential is underdeveloped because of difficulties in purchasing food at wholesale prices, and the lack of central purchasing and distribution systems. It may be possible, however, for the central purchasing mechanisms and the distribution channels used by the major stores to be deployed to deliver food to co-operatives, thus saving costs through bulk buying. Existing food co-operatives could group together to facilitate joint purchasing. Such collaborative action is already beginning to take place in some areas and should be encouraged. Specialist expertise from the private sector could possibly be commissioned to advise on purchasing and other procurement techniques.

5.10 Lack of access to reasonably priced products has a knock-on effect. Parents have reduced opportunity to acquire a taste for healthy foods and to develop skills in preparation and serving. This is reflected in the meals provided for their children. Knowledge of the foods which are healthy is not generally a problem - though continuing health education measures are required to maintain awareness -

but there is a need for local arrangements which will help develop the confidence of families to buy and serve healthy foods.

5.11 The money available to spend on healthy foods is clearly important for low-income families. Financial constraints discourage experimentation through fear of waste; and the temptation is to rely on foods like biscuits and chips which have proved popular in the past, even though healthy food alternatives are available.

5.12 Mothers and young children in low income communities are particularly vulnerable. As discussed in paragraph 6.2 of the Action Plan, pregnancy is a crucial time for influencing diet for both mother and child and for establishing healthy eating patterns for later life. There is a need, therefore, for health professionals themselves, including community dietitians, to take a greater interest in the diet of mother and child and to work within Health Boards' health alliances to encourage healthy eating by both. More generally, Directors of Public Health should designate individuals on the staff of their Health Boards, who have training in nutrition, with specific responsibility for action to improve the diet of the low income communities in their areas.

5.13 In many respects, problems similar to those in areas of urban deprivation also exist for rural communities, not least those of access to quality healthy food at reasonable prices. But less thought has been given, by comparison, to the impact of deprivation on the diet of these communities. A needs assessment research project commissioned by the Health Education Board for Scotland was undertaken in 1994/95 to investigate factors influencing food choices in an island-based rural community. The research report was published in February 1996. It provides valuable pointers to the action required but it will be important that the particular needs of rural and isolated communities are fully addressed and the remit of the national project officer, whose appointment is recommended in the following paragraphs, should extend to these areas.

5.14 Against this complex background it is clear that there is no quick panacea. What is required is a combination of measures, brought within a strategic framework, which build on existing initiatives and tap into, and stimulate, community initiative and energy. Specific needs will vary from area to area and local plans for dietary improvement geared to local circumstances are essential. There will be mutual advantage, however, in sharing knowledge and experience and in bringing together community action, local authority activity in this area, Health Boards' local health strategies and the activities undertaken by the Health Education Board for Scotland. The Group considers that an effective way of focusing this work would be the appointment of a national project officer, under the auspices of the Scottish Consumer Council, who would have responsibility for the maintenance of a database of activity in collaboration with the National Food Alliance which is to establish a database of food and nutrition-related community initiatives in England. This national project officer would also be responsible for disseminating information and good practice and encouraging information exchange; and for developing ideas for new initiatives in rural as well as urban areas. Resources should be provided by The Scottish Office to fund this post and to support innovative local projects.

5.15 At local level, initiatives to improve diet will often be more effective if undertaken as part of a broader based approach to health issues, which may itself be one component in the comprehensive regeneration of deprived areas. The four Scottish Office led urban partnerships have exemplified the comprehensive approach, in which action to improve housing and the physical environment, reduce unemployment and increase income levels, and tackle social problems such as poor health and low educational attainment, has been co-ordinated in a single regeneration strategy. It is the Government's intention to promote the adoption of such an approach in other areas of deprivation.

5.16 This will be achieved through the implementation of the "Programme for Partnership" policy under which two-thirds of Urban Programme resources will eventually be used to support comprehensive regeneration initiatives in designated Priority Partnership Areas. The remainder will be available to support smaller scale regeneration activity in other disadvantaged areas but, again, with an emphasis on a strategic approach and comprehensive solutions. Local authorities will have a leading role in implementing the new arrangements. The comprehensive approach offers authorities the opportunity to consider, in consultation with those involved in community action and the Health Education Board for Scotland, all forms of action, including diet, to improve health. The Group, therefore, urges local authorities to consider the dietary needs of their respective populations when developing strategies for regenerating their deprived areas. The Chief Medical Officer for Scotland should pursue this in the course of his discussions on public health matters with representatives of the Convention of Scottish Local Authorities.

ACTION POINTS

- A national project officer should be appointed under the auspices of the Scottish Consumer Council to promote and focus dietary initiatives within low income communities and to bring these within a strategic framework. Resources should be made available by The Scottish Office to fund this post, to support innovative local projects and to sustain and extend successful, effective initiatives.

- The role of the national project officer should be to pursue a strategic approach to tackling the problems of people living on a low income, including a responsibility to gather and disseminate information on community initiatives and good practice; to develop ideas for new initiatives; to identify the development potential of existing community action such as food co-operatives; to identify training needs; to work with the retail sector to identify opportunities for action; and to encourage dialogue between Health Boards and local authorities about a strategic approach to food within their areas.

- Local community initiatives must continue to be taken, building on the experience gained from the projects funded by The Scottish Office and tapping into community energy and expertise. The health alliances now established in every Health Board area should continue and expand their recent work with the disadvantaged (including rural) areas, stimulating, supporting and synergising community activity.

- Directors of Public Health should designate individuals on the staff of their Health Boards, who have training in nutrition, with specific responsibility for action to improve the diet of the low income communities in their areas.

- Research should be undertaken into the diet of rural communities to provide a basis from which to develop a specific strategy to support these communities. This research should be related to the work of the Health Education Board for Scotland on community initiatives.

- Local authorities should consider the dietary needs of their respective populations when developing strategies for regenerating their deprived areas. The Chief Medical Officer for Scotland should pursue this in the course of his discussions on public health matters with representatives of the Convention of Scottish Local Authorities.

6. PREGNANCY, PRE-SCHOOL CHILDREN AND SCHOOL STUDENTS

6.1 This section considers diet during pregnancy; the nutritional needs of the infant and very young child; and the role of schools in influencing the diet of school children.

PREGNANCY

6.2 Pregnancy is a key time for nutrition for both the mother and the expected child. It is vital that expectant mothers eat healthily during pregnancy, not only for their own well-being but also for that of their baby. Inadequate nutrition in pregnancy can lead to ill health not only for the mother but also for her baby who risks being left permanently predisposed to hypertension, diabetes and coronary heart disease. But a healthy diet is a continuing process. It is equally important that mothers continue to eat an appropriate diet themselves after the birth of their baby and that they introduce, from birth, healthy eating practices to their child, because of the potential for lifetime eating patterns to begin to be established at a very early stage.

6.3 Mothers should, therefore, have readily available to them, either before a planned pregnancy or early in their pregnancy, comprehensive information and guidance on nutrition and diet. This should cover the mother's diet both during and after pregnancy; the need to remain alert to the potential for iron deficiency during pregnancy; and the necessity of taking the recommended levels of vitamins from foods and appropriate folate supplements, including those from fortified bread and cereals, both prior to and during the first 12 weeks of pregnancy. It is important, therefore, that the Health Education Board for Scotland and the Health Boards themselves should ensure that their health promotion activity includes regular campaigns to alert potential parents to the need for good nutrition prior to, as well as during, pregnancy. In addition GPs, obstetricians, nurses, midwives and health visitors should ensure that arrangements are in place to provide mothers with the requisite information and Health Boards should monitor the quality of the information provided against their breastfeeding policies. (The guide for health professionals on this topic prepared by Stracathro Hospital and the Post-Graduate Nutrition Dietetic Centre at the Rowett Research Institute provides a helpful reference service.)

6.4 Health professionals need to be sensitive to the influence of culture and religion on the diet of some families. Parents may choose a meat-free diet and for some cultures a vegetarian diet is the norm. A proportion of the population also now eats a vegetarian diet. Where pregnant women (and infants) are taking a diet which may be restricted in animal protein, health professionals should consider appropriate and culturally sensitive ways of ensuring that the dietary needs of mother and child are met.

6.5 For some women living on a low income it may prove difficult to ensure a

diet adequate to meet their own nutritional requirements and that of their unborn child. The Report of the Policy Review on Coronary Heart Disease in Scotland, published in January 1996, highlighted the evidence that poor foetal growth and poor nutrition in infancy both appear to increase an individual's subsequent risk of CHD and hypertension 2 or 3 fold. It is important, therefore, that the advice given to pregnant women living on a low income is relevant and appropriate to their needs. Health Boards should try to ensure that Trust and primary care staff receive specific training for this purpose and that, in conjunction with the Health Education Board for Scotland, relevant responses and health education materials are developed.

6.6 In view of the significance of nutrition in pregnancy for the future health of the child, innovative ways of providing practical support to women on low incomes at such a time should be considered. Such support might include making available low cost, quality foodstuffs through community action such as food co-operatives or community cafés and encouraging uptake of entitlement to milk vouchers and vitamins. Information on needs assessment and good practice could be co-ordinated and disseminated centrally through the national project officer (see also paragraph 5.14).

ACTION POINTS

- The Health Education Board for Scotland and Health Boards should ensure that their health promotion activity includes regular campaigns to alert potential parents of the need for good nutrition prior to, as well as during pregnancy.

- GPs, obstetricians, nurses, midwives and health visitors should provide dietary information to expectant mothers about their own nutritional needs as well as those of their babies. It will be important to ensure that this information and advice are tailored to meet the individual needs of expectant mothers. Health Boards should monitor the quality of the information so provided.

THE INFANT AND VERY YOUNG CHILD

Breastfeeding

6.7 The Committee on Medical Aspects of Food Policy (COMA) has consistently recommended that breastfeeding is preferable to feeding with infant formula. Even so the rate of breastfeeding by Scottish women is very low. In 1993, the latest year for which figures are available* , the average breastfeeding rate in Scotland at the end of the first week was 38%. In the 4 main cities, the percentages were Glasgow 32%, Dundee 41%, Edinburgh 45% and Aberdeen 50%. These figures conceal, however, that the rate was as low as 9% in some areas of Glasgow. And by one month of age very few babies are being breastfed. Those benefiting from a full 4 months' breast feeding are rare. Yet breast milk provides children with a healthy start to life by lessening the risk of gastrointestinal and respiratory illness in infancy and by providing protection against childhood diabetes.

* Source: Guthrie Card System data

6.8 The principal reason why women choose not to breastfeed is the generally unsupportive and critical attitude of partners, family and friends towards the practice. For some women, the adverse reaction by the general public towards breastfeeding in the workplace and in public places can also be an inhibiting factor. Inconsistent advice from health professionals and inadequate social advice and support, as well as perceived loss of freedom, also contribute substantially to women's decisions not to breastfeed.

6.9 The solution lies not in one course of action but rather in a multi-faceted approach. This should embrace measures to stimulate a shift in public attitudes to accept breastfeeding in the workplace and in public places, particularly in large stores and catering establishments; to provide education and training to all health professionals to better equip them to persuade women to breastfeed; and to give sound and consistent advice to pregnant women. It will also be important for health professionals, where the opportunity presents itself, to encourage the partners and/or family of women who do wish to breastfeed to support them. Health education in schools could also usefully include material on breastfeeding and the feasibility of this should be explored by the education sector, the Health Education Board for Scotland and Health Boards. Schools themselves should be encouraged to promote the advantages of breastfeeding at appropriate points within health education and personal and social education programmes. These approaches are essentially long-term but such information, carefully and sensitively presented, could encourage future generations of parents to regard breastfeeding as accepted practice.

6.10 Much has been done in recent years to address the low rates of breastfeeding. The Scottish Joint Breastfeeding Initiative, funded by The Scottish Office, was set up in 1991. Supported by a multi-agency steering group and a breastfeeding co-ordinator, the Initiative's objectives were to promote breastfeeding and to improve support for breastfeeding women and their babies. A measure of success has been achieved by the project in raising professional and public awareness of the benefits of breastfeeding through a wide range of activities, including the establishment of 22 local Joint Breastfeeding Initiatives across Scotland.

6.11 The Initiative has been complemented by the work of the Health Education Board for Scotland which plays an important part working with others to achieve the breastfeeding target. In 1995 the Board published and distributed widely a breastfeeding facts pack for professionals. This resource material should help to ensure the consistency of advice to women.

6.12 The Scottish Needs Assessment Programme's Report has also contributed by providing information designed to assist purchasers of health services to determine their needs in relation to support for breastfeeding women. And, following the introduction of the national breastfeeding target, the NHS Management Executive invited Health Boards to set local targets and to put in place arrangements to monitor these. Most Boards have now set targets and Scotland's Chief Medical and Chief Nursing Officers have taken steps to encourage professional support for breastfeeding and to improve professional practice. The Group recommends that Boards should continue to work towards attainment of their local targets and,

within this context, promote with hospitals the breast-feeding criteria specified by the World Health Organisation and UNICEF as appropriate to a "Baby Friendly Hospital". Many hospitals in the rest of the UK are seeking to meet these criteria which require action at a hospital level by managers, the medical profession and other health care personnel.

6.13 Running concurrently with much of this activity has been the National Infant Feeding Audit undertaken in Scotland between 1992 and 1994. Results show that the intention to breastfeed and the initiation of breastfeeding both increased by 5%, an increase not known to have been achieved elsewhere in the UK.

6.14 The Scottish Joint Breastfeeding Initiative project was completed in 1995 but in order to maintain the momentum which it achieved the Scottish Breastfeeding Group was established in October 1995 to build on the Initiative's work. The Action Group welcomes the priority which is being given to the breastfeeding target and the continued focus which the Scottish Breastfeeding Group will provide. Monitoring of progress will be undertaken by means of the Infant Feeding Surveys commissioned by the UK Health Departments.

6.15 The action currently being pursued is largely concentrated within the NHS and undertaken by the NHS itself. However, this action will not necessarily be wholly effective in tackling the cultural and societal attitudes which constrain women from breastfeeding. There is, therefore, a complementary role for health education interests in breaking down the attitudinal barriers.

ACTION POINTS

- The education sector, the Health Education Board for Scotland and Health Boards should jointly examine the potential for school health education curricula to include material directly on breastfeeding in order to inform children about its positive benefits to mother and child.

- Scottish hospitals should continue to develop the initiatives being taken to encourage professional support for breastfeeding and to improve professional practice so that, within a defined period, they comply with the World Health Organisation and UNICEF guidelines for designating a hospital as "Baby Friendly".

- In order to address the cultural and societal issues which influence women's willingness to breastfeed the Health Education Board for Scotland should identify the action required to encourage a more sympathetic attitude by the general public towards breastfeeding.

THE UNDER FIVES

6.16 Nutrition in the early years of life is a major determinant of growth and development. It also influences adult health. Below the age of 2 toddlers' diets are determined wholly by their parents or other carers. It is, therefore, vital that they

recognise the importance of an appropriate diet to the future well-being of their children.

6.17 In 1994 the Committee on Medical Aspects of Food Policy (COMA), produced its Report on Weaning and the Weaning Diet which was issued to health professionals in Scotland by the Chief Medical and Nursing Officers. It recommended that the majority of infants should not be given solid foods before the age of 4 months and that, thereafter, a varied diet containing iron rich food (to protect against iron deficiency anaemia,) and food and drinks with good sources of vitamin C should be provided. Sugar, if offered at all, should be used only sparingly because of its effect on dental health. Currently, however, excess sugar consumption is still the most important shortcoming in toddlers' diets. This is largely because of children's inherent liking for sweet foods and drinks and parents' willingness to provide these in ignorance of the damaging nutritional and dental health pattern being set. In response, food manufacturers and processors have developed a range of very sweet foods for weaning and for toddlers in the knowledge that they will sell well. We recommend in paragraph 3.6 that this process should be reversed.

6.18 From the age of 2, children begin to make their own choices. They can also be generally receptive to advertising. Sugary drinks and confectionery are heavily marketed in this way and they are the major factors in children's dental caries because of their accessibility and frequency of intake. Much "pester power" is exerted by young children to gain these products. Parents and other adults frequently yield to this pressure, thus consolidating the poor dietary pattern. As a consequence, Scottish children have exceptionally poor dental health - 1993/94 data indicate that some 62% of the under fives had already developed dental decay. Fluoridation of water supplies would greatly help to combat such high levels of dental decay. In the current absence of fluoridation schemes in Scotland, the use of fluoride toothpaste must become an essential component of children's dental hygiene; and the Group notes with approval the emphasis placed on this in the Oral Health Strategy for Scotland published in December 1995.

6.19 Medicines sweetened with sugars also contribute to dental caries in young children, especially if given at night when reduced salivary flow lowers resistance to caries. Sugar free formulations of several paediatric medicines, though available, are still little used. Action is needed to accelerate the introduction of sugar free, or low sugar, paediatric medicines.

6.20 Sugar is not the only problem in what under fives eat. By five, their diet has too much fat and salt and too little fruit, vegetable, fish and carbohydrate. The Group is clear that - if there is to be any prospect of introducing healthy eating to successive generations of Scots - healthy eating messages must reach the under fives and their parents. Staff in nurseries and play groups, child minders, and health professionals who work with small children, in particular health visitors, can and should deliver that message. They need to understand, first, the basics of good diet. That will mean good information and in some cases training. To this end local authorities, in consultation with the Care Sector Consortium, whom we understand is currently reviewing vocational training, should ensure that the standards and competencies for Scottish Vocational Qualifications in care should

take full account of the importance of nursery and play group staff and child minders having the ability to understand and apply knowledge about diet and nutrition.

6.21 Special initiatives to encourage the under fives to eat healthily should also be explored by local authorities. Such initiatives might usefully include employing the services of home economists and/or dietitians to provide advice and support on diet and nutritional matters to families with young children.

6.22 In relation to the provision of day care by independent and voluntary interests, local authorities in Scotland have a statutory responsibility for the registration and inspection of the services being provided for children under the age of 8 years. Guidance issued in 1991 to local authorities by The Scottish Office suggests that snacks and meals, where provided, should be varied and nutritious and should be chosen to reflect not only the background of the children but parents' wishes as well. The Scottish Office should, therefore, consider with local authorities the development of national dietary guidelines which day carers should be encouraged to adopt. Examination of dietary practices should be covered in the annual inspection of day care facilities. In the context of the Government's pre-school education initiative providers in the independent and voluntary sectors who wish to enter the pre-school education voucher system will be asked to complete a "Profile of Education Provision" which will request, inter alia, information about the steps to be taken by the applicant "to ensure that the nursery/centre has a positive ethos with attention to healthy living through diet and exercise". HM Inspectors of Schools will be scrutinising the Profiles which will inform the decision on who should be admitted to the voucher scheme. The Group welcomes this component of the application procedures and is confident that HM Inspectors will evaluate responses carefully and give due weight to the dietary and nutrition factors.

ACTION POINTS

- The Scottish Office Department of Health, through the Chief Pharmacist, should identify the action necessary to accelerate introduction of low or sugar free paediatric medicines.

- Health Boards and local authorities should ensure that health professionals and residential and day care staff with care responsibilities for children under 5 have a working knowledge of the dietary and nutritional needs of young children and that they put such knowledge to practical effect. In this context, local authorities, in consultation with Care Sector Consortium, should ensure that in relation to their care responsibilities, the standards and competencies for Scottish Vocational Qualifications in care should recognise this requirement.

- Health Boards should encourage health professionals who work with small children, in particular health visitors, to provide dietary and nutritional advice and guidance to the parents of children under five years of age. Local authorities should similarly encourage staff in nurseries and playgroups and childminders.

- Special initiatives to encourage the under fives to eat healthily should be explored by local authorities, including the value of employing the services of home economists and/or dietitians to provide advice and support on diet and nutritional matters to families with young children.

- The Scottish Office should consider, with local authorities, the development of national dietary guidelines which day carers in the independent and voluntary sectors should be encouraged to adopt. The establishment of good dietary practice should be an important component of the annual inspection procedures required under the Children Act, 1989. HM Inspectors of Schools should give due weight to the requirement on applicants under the pre-school education voucher scheme to demonstrate an appropriate appreciation of the dietary and nutritional needs of the children in their care.

SCHOOLS

6.23 Because of their role in shaping the habits and behaviour of pupils, schools are in a unique position to encourage and facilitate healthy eating. However, the efforts of schools to encourage pupils to adopt a healthy balanced diet will be undermined if parents do not seek similarly to ensure that their children eat sensibly. Parents, therefore, have a key role in stimulating their children's interest in, and awareness of, the need for healthy eating and in reinforcing the work undertaken by schools in this. School Boards also have an important contribution to make in this area and the Group considers that the attention of Boards should be drawn to their locus in promoting healthy eating and to the Action Plan. The "partnership" approach is reflected too in the structure of the School Nutrition Action Groups discussed in paragraph 6.31. Parents' active participation in these Groups is vital.

6.24 Health education is a recognised part of the school curriculum and there is substantial national advice to schools about health education and promotion. A number of education authorities have produced guidelines to help schools develop effective practice in line with the national advice provided by The Scottish Office Education and Industry Department and the Health Education Board for Scotland. It may also be helpful to education authorities and self governing and independent schools to have available to them the advisory material produced by the Guidelines for Educational Materials Project Team of the Nutrition Task Force in England and, in due course, the proposed guidelines which the Group recommends should be commissioned by the Health Education Board for Scotland (see paragraph 10.5).

6.25 Provision is made for the principles of healthy eating to be taught as part of wider health education and promotion throughout the entire period of education – in pre-school establishments where children are introduced to the very basic aspects of healthy eating; in primary schools as part of environmental studies; and in secondary schools as part of personal and social education, in home economics and science programmes and through specific health studies courses. The home economics programmes have a particularly vital role to play in promoting healthy eating among young people and in the prevention of diet-related disease, since the courses teach pupils to apply their knowledge about healthy eating to food

preparation and provide opportunities for them to evaluate their own eating patterns and to consider ways of improving these. In the first 2 years of secondary education (S1/S2) home economics is part of the core curriculum. From S3/S4 onwards, however, it is optional and the lessons learned in earlier years about practical food preparation for healthy eating can be diminished with the passage of time. The Group considers, therefore, that there is a need to maintain this focus on healthy eating and that a short course on practical food preparation should be introduced for all pupils post S2.

6.26 The Group established that, despite this seemingly comprehensive framework and the increasing involvement of school nurses in health education and promotion, the delivery of health education in Scotland is patchy, possibly because of insufficient pre-service training for teachers in this topic, lack of the up-to-date knowledge necessary for effective teaching of healthy eating, and the pressures of an already very full curriculum. There is a need, therefore, for all staff involved in health education to receive appropriate training in nutrition and diet. It should be noted, however, that The Scottish Office Education and Industry Department guidelines on environmental studies (which include health education), published in March 1993, are still in the process of implementation and come towards the end of the programme for 5 to 14 year olds, due for completion in 1999. It is to be hoped, therefore, that the guidelines will eventually make a positive contribution to the delivery and effectiveness of health education in our schools.

6.27 While pupils generally have a reasonable understanding of healthy eating, they are far less effective in applying that knowledge in practice and sustaining healthy eating patterns. They are easily influenced by other forces such as advertising and role models. Glaring inconsistency also exists between some schools' dietary aims and policies and their actual practices, in particular where school meals provision does not offer healthy choices and tuck shops and vending machines supply unhealthy products high in fat, salt, and sugar. The aim must be for all schools, both primary and secondary, to provide high quality food which is attractive to children and which results in consistent nutritious balanced meals and snacks.

6.28 Better school meals could be secured through the contracting process which accompanies competitive tendering. The Group considers that this avenue offers particular scope for achieving a real improvement in their nutritional quality. To help with this, the Group devised a set of model guidelines for catering specifications which can be taken into account when determining contract specifications for, inter alia, school meals provision. The Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland are reproduced in the Annex to this Section of the Report. The Guidelines also have potential application elsewhere within the public sector, and more widely, and are discussed further in Sections 7, 9 and 10 of the Action Plan.

6.29 The provision of meals in primary schools requires particular attention because children at this age need early training in good dietary practices. The provision, at all meals, of a limited range of menus with vegetables and fruit included in the price of the meals should be explored as a matter of priority as this approach has proven successful in other countries in changing and improving children's dietary habits.

6.30 The Group welcomes the variety of initiatives which is now beginning to be introduced by schools. These must be continued and extended. Such activities include breakfast clubs, healthy eating vending machines and smart card systems for school meals such as that operated by Highland Council. This last initiative encourages pupils at Highland schools to eat sensibly by utilising hi-tech electronic smart cards and rewards pupils choosing a balanced meal with bonus points which can be turned into free sports activities, donations to charity or contributions to their schools' budgets. Some 14,000 school children in Highland already participate in the scheme and the potential for innovative and imaginative schemes of this kind is obvious.

6.31 Schools may also find it useful to set up School Nutrition Action Groups. These are multi-disciplinary groups, involving pupil and catering representatives in addition to parents and school management, established within a school to tackle food related education and health issues. They help schools deal with topics such as "healthy" tuckshops, "unhealthy" food choices made by pupils and breakfast provision. Appendix 4 of the Model Nutritional Guidelines describes more fully the functions of these Groups.

6.32 The dietary needs of children in schools in areas of low income are particularly important. A partnership approach, under the health alliance arrangements, involving the Health Boards, local authorities and community action could facilitate dietary promotions and initiatives within schools. Such activity might best be initiated by the Directors of Public Health in each of the Health Boards.

6.33 It is clear, therefore, that while the concept of schools having a direct role in promoting healthy lifestyles is accepted as a general principle (and some good work is beginning to flow from this) schools' potential contribution to achievement of the dietary targets will be prejudiced unless action is undertaken now in those areas where the difficulties appear to be most acute.

ACTION POINTS

- The Scottish Office Education and Industry Department and local authorities should continue working to raise the profile of health education within the curriculum. The Department should vigorously encourage development of policies on health education, including nutrition and diet, and the progression of these through school development plans. These should be monitored, evaluated and reported upon by local authorities through their quality assurance procedures and by The Scottish Office Education and Industry Department through HM Inspectors of Schools.

- The Scottish Office Education and Industry Department should draw the attention of School Board chairpersons to the Action Plan, its targets and the benefits sought for children's health. The Scottish Office Education and Industry Department should also utilise the School Boards' News as a vehicle for developing dietary awareness within schools.

- The Scottish Office Education and Industry Department should consider distributing to education authorities, self governing and independent schools the advisory material produced by the Guidelines for Educational Materials Project Team of the Nutrition Task Force in England and such guidelines as the Health Education Board for Scotland prepare to assist production of consistent dietary and nutritional materials.

- The Scottish Consultative Council on the Curriculum, working with The Scottish Office Education and Industry Department, should introduce a short course on practical food preparation for healthy eating for all pupils post S2. This course should be supported by nationally produced materials and resources.

- Local authority education departments should ensure that all staff involved in health education receive appropriate training in nutrition and diet.

- The Scottish Office Education and Industry Department should ensure that all trainee teachers receive adequate training in health education, including nutrition and diet, appropriate to their course.

- The Scottish Office Education and Industry Department should distribute and commend to education authorities and self-governing and independent schools The Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland which can be taken into account when determining contract specifications for school meals.

- In relation to meals provision in primary schools, the opportunity to provide, at all meals, a limited range of menus with vegetables and fruit included in the price of the meals should be explored as a matter of priority.

- Schools should take steps to ensure that tuck shops and school vending machines re-inforce the health promotion and health education messages of the school by providing a range of healthy food choices. HM Inspectors of Schools should include the monitoring of the provision by both in their inspections of health promotion and health education and publish their findings in inspection reports.

- Schools should be encouraged to set up School Nutrition Action Groups which offer a multi-agency approach to tackle food-related education and health issues.

- Health Boards should explore the potential for partnership arrangements to facilitate the introduction of healthy eating initiatives tailored specifically to the dietary needs of children in schools in low income areas. Such action should integrate with the initiatives proposed to assist low income communities in Section 5 of the Action Plan.


Mixed
ables
A Selection of Carrot
Peas, Supersweet
Sweetcorn, Cut
Green Beans
and Broccol
BEST BE
680g 1lb 80

Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland

Introduction

The Scottish Diet Action Group has emphasised the fact that contributions will be required from many organisations in order to achieve the Scottish Dietary Targets (see Appendix 1). Caterers and food outlets in a wide variety of settings have a role to play both in promoting awareness of healthier choices and more particularly providing suitable dishes and food items.

In order to achieve the Targets consumer choices need to be influenced. One of the significant ways to achieve this is to make healthy choices easy choices with the longer term aim of healthy choices being the norm. A co-ordinated approach covering all food related activities and catering provision is required with common themes running across all food outlets.

There is an obligation on the whole Public Sector within Scotland - the NHS; Local Authorities including Welfare Provision, Police and Fire Services; the Prison Service; and the Armed Forces - to set the standard in terms of food and health. Considerable effort has already been made in some sectors but in order to move this forward the following criteria have been developed which the Public Sector is expected to achieve.

This does not exclude the Private Sector which, in any circumstance where it is contracted to a Public Sector body, will be expected to comply in total.

The importance of strategic objectives for Purchasers and business objectives for Providers in order to facilitate implementation is stressed. Accordingly the following should be adopted throughout the Public Sector in Scotland.

Purchasers

- A statement of commitment at Health Board/Local Authority level to the principles underlying the Scottish Diet Report and nutrition targets.
- A suitably qualified named person ie a State Registered Dietitian responsible for the nutritional elements of the Strategy.
- As a Purchaser, an assessment of population needs in terms of nutrition provision.
- Agreed nutritional specifications and standards of quality for contracts.
- Agreed targets for implementation, with supporting policies where applicable.
- A leading role for the Purchaser in health alliances.

Providers

- Make a clear statement of commitment to The Scottish Diet Report and nutrition targets.

- Integrate nutrition activity with other policies which promote health.
- Provide (approved) training in nutrition and health to ensure that all staff are effectively involved in the strategy.
- Agree nutritional standards for contracts.
- Include nutrition-related action in annual business plans.
- Help to promote the health of the community by becoming involved in nutrition activity beyond contracted services.

General Principles

1. Any specification must take account of the Scottish Dietary Targets and actively promote them. These could be incorporated into and taken forward as part of a Food and Health Policy.

2. A State Registered Dietitian must be part of the formal advisory structure in both the preparation of and monitoring of specifications.

3. Care should be taken with reference to terminology when drawing up specifications. Phrases such as 'could', 'wherever possible' and 'not excessive' should be avoided and the word 'must' be used instead, or in some limited circumstances the word 'should', e.g. caterers 'must offer wholemeal bread'. Measurable statements must, therefore, be included.

4. The specification must contain minimum nutritional/catering statements covering the following:-

(i) Availability of healthy choices (including fresh fruit and vegetables) in sufficient quantity and quality to enable clients to meet their daily needs.
(ii) Choice of basic commodities available, e.g. types of bread and milk.
(iii) Healthy food production methods and ingredients, e.g. content of salads and dressing.
(iv) The use of standard recipes based on healthy catering practices.
(v) Menu planning including the frequency of food items on menus e.g. fried foods.
(vi) Purchasing contracts and choice of equipment taking account of points (i)-(v).
(vii) Nutrient targets. These may be included in the form of dietary reference values but food based targets are also essential. Appendix 2 gives a possible format for minimum standard/content.

5. Menus should be analysed and assessed by a State Registered Dietitian or Nutritionist to ensure that the overall content and construction meet the criteria set. This may be achieved by full nutritional assessment, use of computer programme, ready reckoner or similar tool.

6. The purchasing function must also be detailed to ensure that there is adequate supply/availability of healthier choices and alternatives. The proportion of these commodities should be progressively increased. Commodity specification must address both quality and nutrition, e.g. processed meat products must not exceed a set maximum fat content.

Purchasing consortia whether Local Authority, Common Services Agency or other groupings should develop nutritional specifications for all major commodities and food plus review the quality and range of certain items eg vegetables. Someone with dietetic expertise must be a member of any such group.

7. Healthy food choices must be positively promoted and marketed within the general context of achieving an overall healthier diet. It is desirable that healthy food choices apply to entire meals and not just to individual items wherever possible. This has training implications for all those involved in food production and food service.

There are also resource needs in the form of supporting material. While larger commercial catering companies may produce their own, many contractors will rely on the Health Education Board for Scotland and Health Boards for this. It is important to establish links with these interests in order that resources available can be used to best effect. Dietitians will also be able to advise in this area.

Guidelines for promotion/marketing are contained in Appendix 3.

8. The philosophy and issue of healthy choices and promotion of these refer to all food provision outlets within the establishment including vending machines, hospitality and, where relevant, tuck shops, concessions and franchises.

9. Training is a critical issue in underpinning all these changes. Caterers need to clearly understand the current recommendations, the importance of healthy eating and their role in promoting better choice.

Training of all levels of catering staff within the organisation must cover the following in respect of healthy eating: marketing techniques, advising on healthy choices, menu design, recipe design, development and adaptation and food production methods.

It is also important that the training is delivered by suitably qualified staff experienced in current nutrition practices, for example a State Registered Dietitian.

10. It is expected that the provider should be able to attain at least the standards set in national award and/or local award schemes.

11. Healthier choices should be actively pursued through a price weighting policy. Active consideration should also be given to the inclusion of vegetables as part of a meal rather than being costed and served as a separate item.

12. Effective monitoring is a pre-requisite for successful implementation. Purchasers of catering services must ensure this is carried out and that results are fed back with action taken accordingly thereafter. For monitoring purposes it is, therefore, essential that specifications are explicit with detailed criteria, specific frequencies, etc. Aspects to be monitored include menu design, use of standard recipes, food preparation, cooking methods, portion control, update of

commodity/sales analysis, marketing/promotion and feedback from consumers/users.

Individual Considerations

Basic training in food nutrition updated on a regular basis is essential for all staff involved in food provision (both purchasing and cooking) and food related activities. This includes the under fives in nurseries and other child care facilities through to those adults requiring care in the community.

In addition to the general conditions set out above there are specific requirements to be met for various client groups.

Pre-Fives

The approach to food in child care facilities for under fives should follow the philosophy of the Scottish Dietary Targets. This must be reflected by a total approach to food including the use of celebration foods, birthdays, rewards and treats. This whole approach must extend to the use of food educationally and in role play.

Although a diet low in fat and high in fibre-rich carbohydrate is suitable for many children, it may occasionally be too bulky and low in energy to satisfy a young child's nutritional requirements. Therefore, diets must be tailored to suit young children's nutritional and energy needs.

It is best to provide young children with smaller, more frequent meals. Snacks such as bread, fruit, sandwiches and yoghurts are preferred to those high in fat, sugar and salt.

The provision of foods high in sugar should be kept to a minimum, especially between meals and the use of highly salted foods and addition of salt to foods should be discouraged. Serving guidelines listed below also apply to pre-five meal provision.

School Meal Service

The type of service provided can have a major impact on the energy and nutrient intake of children. In addition the type of system in place affects the way children choose food items. As only one meal is usually available within schools it is imperative that this provides sound nutrition.

There is obvious need for consistency between what a school practices and what it preaches ie those who teach and those who provide food need to work together and be saying and doing the same things. All schools must move towards a "Whole Day/Whole School" approach to food. One of the most practical ways to focus on partnership and healthy enabling alliances is the establishment of a Schools Nutrition Action Group (SNAG) – see Appendix 4.

Primary School Children

The basic healthy eating recommendations apply to school children. As most children are ready for a meal at lunch time, this opportunity must be taken to encourage a substantial meal with a desirable nutrient intake.

It is unreasonable to expect all primary school children to be able to select meals with a balanced nutrient content. To avoid grossly unbalanced school lunches, certain service guidelines must be followed.

1. Pupils should not be permitted to select a meal consisting of chipped/fried potatoes only. They should be encouraged to choose a snack or main meal item to accompany the chipped/fried potatoes.
2. Pupils must select at least one item of fruit or vegetable as part of their meal.
3. Pupils should only be permitted to select a maximum of two pudding, cake or biscuit items with their meal.
4. Chipped/fried potatoes should be available on the menu a maximum of twice per week.
5. Only one choice of hot filled roll eg burger, sausage etc, should be available daily.
6. Bridie/Sausage roll/Scotch pie type items should only be included on the menu a maximum of once per week.
7. Yoghurts and a range of fresh fruits should be available daily as alternatives to other desserts.
8. Jacket/baked potatoes, raw vegetables and pure fruit juice should be provided daily.
9. Fizzy drinks should not be provided and semi-skimmed milk should be available daily.

These principles should also be adopted, where practical, in secondary schools.

Welfare Meals, Elderly People and People with a Learning Disability and/or Physical Handicap

The dietary recommendations for fit and active elderly people and for most people with a physical and/or learning disability are much the same as for the general population. There is, unfortunately, a significant proportion of these groups who are at risk of malnutrition with many experiencing problems with feeding, chewing, swallowing and digestion. This may include the house-bound and those living in residential homes or in long term care.

For these people, some of the general dietary recommendations and guidelines are likely to be inappropriate and, therefore, advice from a State Registered Dietitian must be sought when drawing up nutritional catering specifications for their meal provision, particularly welfare meals. The Caroline Walker Trust Nutritional Guidelines for the Elderly should be consulted when drawing up nutritional specifications.

National Health Service

All Health Boards in Scotland are required to have a Food and Health Policy in

place. Trusts, Directly Managed Units and other Providers must also have an active Policy in place which should be monitored through the contracting/quality assurance process.

Catering provision for patients and staff must comply with the general principles set out at the beginning of this paper. However, the nutritional needs of many hospital patients can vary significantly from the norm and this must also be addressed in providing food. Accordingly "Nutritional Guidelines for Hospital Catering" must be consulted when drawing up specifications.

ETHNIC, CULTURAL & RELIGIOUS DIETS

To ensure that all clients' nutritional needs are met it is helpful to provide foods that are familiar to them. When planning menus and selecting dishes it is essential that their specific cultural and religious requirements are considered in addition to the need to provide healthy choices for everyone.

Dietary Targets for Scotland for the year 2005

Fruit & Vegetables	Average intake to double to more than 400 grams per day.
Bread	Intake to increase by 45% from present daily intake of 106 grams, mainly using wholemeal and brown breads.
Breakfast Cereals	Average intake to double from the present intake of 17 grams per day.
Fats	Average intake of total fat to reduce from 40.7% to no more than 35% of food energy. Average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy.
Salt	Average intake to reduce from 163 mmol per day to 100 mmol per day.
Sugar	Average intake of NME sugars in adults not to increase. Average intake of NME sugars in children to reduce by half ie to less than 10% of total energy.
Breastfeeding	The proportion of mothers breastfeeding their babies for the first 6 weeks of life should increase to more than 50% from the present incidence of around 30%.
Total Complex Carbohydrates	Increase average non-sugar carbohydrates intake by 25% from 124 grams per day, through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption.
Fish	White fish consumption to be maintained at current levels. Oily fish consumption to double from 44 grams per week to 88 grams per week.

Framework Guidance on Operational Aspects of Healthy Catering Implementations

In most of these guidelines numerical targets eg a specific percentage has not been stated but will require to be included in order to provide benchmarks for monitoring. For example in A1, in identifying a need for a choice of wholemeal bread and rolls to be provided, a target proportion should also be stated.

A. Recipes & Food Production Methods

In order to preserve the maximum nutritional value of food and to meet current healthy eating recommendations, the use of food production methods and recipe compilation which optimise nutritional value and implement healthy catering practices must be followed.

1. Increasing Starchy Carbohydrates

A choice of wholemeal bread and rolls must be provided and in adequate quantities.

At least 1/3 wholemeal flour must be used in baking.

A greater proportion of bakery products must be tea breads, plain/fruit scones, etc, rather than "fancy goods".

If providing breakfast, porridge and high fibre/wholegrain breakfast cereals must be provided and no sugar coated cereals used.

Large portions of potatoes, rice and pasta must be offered. Choice of at least two suitable items should be offered at each meal - bread, rice, pasta, potatoes.

Greater use of vegetables, beans and pulses should be made in meat dishes.

Home made soups using grains and pulses must be on the menu regularly as the norm rather than packet soups.

2. Increasing Fruit & Vegetables

A variety of salads and vegetables must be included on the menu with a choice of two vegetables at each meal.

Cooking and preparation methods must be controlled to ensure maximum retention of nutrients.

A wide range of vegetables must be used in salads or salad bars.

Dressings, if used, should be based on low fat yoghurt and/or low calorie mayonnaise in moderate amounts.

Fruit must always be available as an item - fresh, tinned in natural juice or stewed - in addition to inclusion in dishes.

Higher proportion of fruit based puddings to jam/syrup based dishes should be provided.

3. Reducing Fat

Alternative cooking methods must be used instead of frying wherever possible.

If fried, food must be cooked in unsaturated vegetable oil which is changed regularly and well drained.

Lean cuts of meat must be chosen, trimmed of visible fat before cooking.

Gravies, soups, stews, mince, etc, must be skimmed of fat after cooking.

Fats must be used sparingly. A choice of low fat and/or polyunsaturated margarine must be provided.

Unnecessary addition of fat to foods must be avoided ie glazing vegetables, use of spread with moist sandwich filling, extra fat added in cooking.

Low fat natural yoghurt and/or low calorie mayonnaise or salad cream must be used in salad dressings and in recipes using cream whenever possible.

Lower fat cheeses and yoghurts should be used in preference to full fat varieties and low fat milks used whenever possible.

The frequency of high fat processed dishes/foods which contain hidden fat eg pies, pastry, sausages must be limited.

4. Reducing Sugar

Reduce sugar of any kind in recipes for baking and puddings.

Fresh or dried fruit must be used as an alternative to add sweetness in recipes.

Fruit tinned in natural juices must be used in preference to syrup varieties.

Alternative sweeteners to sugar must be available for use in drinks.

Low calorie/sugar free drinks must be provided as an alternative. Water should also be provided.

The provision of confectionery and sugary food items must be limited, particularly between meals and in vending machines where alternative choices must be available.

5. Reducing Salt

Fresh foods must be used in preference to processed, tinned or packet food products.

Salt added during cooking must be kept to a minimum and addition of salt at the table must be discouraged.

More use must be made of herbs and spices to season and flavour food eg for beef use bay leaves, basil or mixed herbs.

Bouillon, meat and vegetable extracts and soy sauce to be used sparingly.

B. Menus

Menu cycles must include identified food choices which can be selected to construct an overall diet which satisfies current nutritional principles and provides adequate choices to allow clients to select foods in sufficient quantity to meet the Scottish Dietary Targets.

C. Purchasing

When negotiating contracts with suppliers and buying catering equipment account must be taken of current healthy eating principles.

D. Hospitality

Healthy choices should always be provided in this area. All hospitality from a simple beverage through to buffets must reflect the overall principles stated in previous sections.

Healthy choices to be available for all courses, with at least 50% of choices provided at each function being healthier alternatives, for example

- wholemeal and white sandwiches
- availability of sweeteners
- limited quantity of pastry based dishes
- half of salads provided must be without dressing or have lower fat dressings
- availability of fruit and fruit juice
- at least half of desserts, bakery products or biscuits to be healthier alternatives.

Guidelines For Promotion & Marketing

Promotion

- Use Food Policy initiatives to raise the profile of the Catering Department.
- Advertise the canteen/dining room as having an increased range of healthy foods.
- Display Policy Statements.
- Use menu boards to highlight healthy options.
- Make use of promotional material available from Health Boards or other appropriate organisations.
- Maintain interest by having theme days.

Marketing

- Ensure that healthy choices are given prominence in each section of the servery.
- Make healthy options available in good quantities (the more the customer sees of a product the more confidence there is in choosing it).
- Select items to display to particular advantage eg bread and rolls, fresh fruit.
- Promote new items by providing tasters.
- Give low priority to branded snacks, confectionery and soft drinks.
- Consider pricing policies which favour healthy options.
- Use link techniques at advantageous prices to encourage uptake of healthy items.

Role of Staff

- Ensure that staff are trained to fulfil their role in promoting healthy eating by:
  - being able to answer questions about cooking methods and ingredients;
  - being confident in recommending healthy

choices and suggesting accompaniments eg salad, vegetables;

- using portion control to influence nutritional value eg portion of potatoes and vegetables in relation to meat;

- being particular about presentation.

School Nutrition Action Group (SNAG)

Schools should move towards making nutrition a focus of their health promoting initiative. In so doing many set up a SNAG.

1. What Is A SNAG?

It is a multi-disciplinary group from within a school which will act as a "powerhouse for change" to tackle food related education and healthy issues. It is a tool for schools to use when dealing with food and health related issues, such as:-

- "healthy" tuckshops
- "unhealthy" food choices made by pupils
- breakfast provision

The main philosophy behind a SNAG is that there should be "**WHOLE DAY/WHOLE SCHOOL**" approach to food/healthy eating promotion in schools.

For far too long, most schools have had no common food policy. With the development of Devolved Management Responsibility (DMR), it is vital that schools understand the growing responsibility they have to create their own food policy or build on the local Food and Health Policy. Catering Staff should be key players at school level with adequate dietetic support available to facilitate this process.

2. The Main Remit Of A SNAG Should Be:-

- To provide a health-promoting environment in school.
- To offer pupils an opportunity to voice their concerns about the provision of healthier, attractively priced, more interesting food.
- To establish, monitor and evaluate a consistent food policy.
- To ensure consumers and providers are involved in and have ownership of all food provision in school throughout the day.
- To empower pupils and staff to make improved choices about food.

3. Typical Membership Of A SNAG should be drawn from:-

- A representative from the school's senior management eg head teacher/deputy head teacher.
- A representative from a key curriculum eg home economics/health education co-ordinator.
- Catering Manager/Area Manager from Catering Service
- Representative/s from the pupils
- Community Dietitian
- School Board representative
- Health Education Adviser
- School Nurse
- Dental Education Representative

The actual make-up of a SNAG will often depend on local circumstances - who is interested, who has expertise or who has time - but pupils MUST be included. This is essential to allow the development of sensible attitudes to healthy eating.

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Variety

7. CATERERS

7.1 The number of meals eaten outside the home rose substantially between 1984 and 1993. This trend is continuing as witnessed, for example, by the rapid growth of both lunchtime takeaway fast food outlets and new more formal restaurants. More than a quarter of our total energy intake is now being derived from food eaten outside the home. Thus, eating out plays an important and increasing part in people's eating habits and, in consequence, caterers, at all levels of catering provision, are in a position to influence both consumer awareness of healthy choices and, more importantly, the actual provision of healthy foods to consumers.

7.2 In the last 10 years, the quality of food provided by caterers in Scotland has improved and become more varied and adventurous. But there is still a need for major change to improve the nutritional content by reducing the levels of fat, salt, and sugar in the foods provided; and by increasing the use of fruit and vegetables and complex carbohydrates (rice, pastas, cereals and bread). One simple way to achieve this would be for caterers to provide a variety of vegetables, or salad, as part of the main course and included within the price of the meal. In circumstances where meals are subsidised, vegetables, in addition to potatoes, and fruit should comprise part of every meal and consideration could also be given by caterers to the introduction of price weighting policies which favour healthy foods. But, worryingly, nutrition does not feature high in caterers' food priorities. Nor does it appear that the consumer is any more concerned: nutritional value featured 16th out of 17 items in a recent survey by one major "fastfood" outlet of attributes important to customers when selecting informal eating out venues. "Tasty" food tops the list. In general, therefore, consumers are clearly not yet demanding more nutritious options when eating out.

7.3 Ideally it should be possible to look to caterers to stimulate customers' interest in, and demand for, more healthy foods and to catering establishments to provide consumers with healthy choices. But the Group believes that, currently, achievement of that objective is constrained by the fact that less than 1% of cooks and caterers in Scotland have been provided with anything other than a rudimentary understanding of nutritional principles. Even catering colleges and hotel training courses offer only limited nutritional teaching and almost no practical guidance on how to change the traditional approach to the use and presentation of vegetables or the use of spices and herbs in preference to fat, salt and sugar.

7.4 The Group concluded, therefore, that as a priority, catering staff need to be better informed about nutritional requirements. They, in turn, could apply that knowledge to the development of improved and new recipes and menus. To that end, all further and higher education institutions offering courses in hotel and catering management should consider including nutrition and dietary education in their curricula.

7.5 The fast food sector, in particular, has great potential to influence healthy eating, especially among the young. The popularity of fast food outlets as venues

both for snacks and more substantial meals presents real opportunities for promoting and developing healthy eating habits among their clientele. Some initiatives have already been taken. For example, some fast food chains have introduced healthy options such as full-grain cereals, salads and grilled chicken sandwiches. The Group welcomes these initiatives but considers there is scope, without lessening popular appeal, for much wider availability of healthy foods and urges the fast food sector to take steps to broaden the range and choice of nutritionally beneficial foods. The incremental reduction in the fat content of standard products should be examined. The increasing popularity of the fast food sector will inevitably lead to a rise rather than a fall in fat consumption unless fast food producers themselves take substantive action. This is a major challenge, which will need to be met by novel approaches; and in this context the Group welcomed the production, under the auspices of the National Task Force Programme, of an information leaflet for fast food providers on healthy eating. Meanwhile dietary information leaflets, routinely available in only a few fast-food outlets at present, could begin the process of sensitising fast food consumers to the need for dietary change.

7.6 It is recommended, therefore, that all catering staff should have a basic level of training in diet and nutrition, similar to the requirement on them in relation to food hygiene. Such training should be validated externally and should be linked to, or be part of, the Scottish Vocational Qualification (SVQ) for the catering sector. The Group considers that its introduction should be examined by the Hotel and Catering Training Company, the industry lead body with a responsibility for the development and maintenance of occupational standards within the catering sector, in collaboration with the Scottish Vocational Educational Council.

7.7 In addition, it will be important to the maintenance of healthy eating standards in catering establishments that caterers have available to them a nutritional reference. To that end, the Group concluded that nutritional guidelines should be provided to all catering establishments. These should be commissioned by The Scottish Office Department of Health and should be based primarily on the proposed national Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland (see Annex to Section 6). They should be focused according to the category of restaurant, ie formal restaurant, snack bar, takeaway etc. They should cover not only nutritional data but also advice on the provision of balanced healthy meals, as opposed to individual foods and dishes, and on the promotion and presentation of healthy food choices.

7.8 A low cost (or free) nutritional advisory service is needed, which caterers could approach both for advice and nutritional analysis of food recipes. This would enable them to develop meals which are not only attractive but nutritionally sound. The Scottish Office should provide the necessary funds to meet the cost of a pilot scheme.

7.9 The Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland will have relevance to various other large scale catering provisions within the public service. There is a clear need for improved dietary practice within the Scottish Prison Service and the other public services as well. The Scottish Prison Service is particularly well placed to influence diet. Unlike

most other institutions, the Service provides the total food intake of substantial numbers of mainly young men for long periods of time. Most prisoners are drawn from that section of the population with the least healthy eating habits and the highest rate of coronary heart disease in middle age. The Action Group recommends that the public services should review their existing specifications in the light of the Model Nutritional Guidelines.

7.10 In considering further incentives to encourage caterers to be more sensitive to the need for healthy eating, the Group reviewed the healthy eating award schemes currently operating elsewhere in the UK and in Sweden, Australia and Canada. These are administered variously by Government interests, Health Boards, voluntary organisations or local authorities. They apply either to retailers or caterers or both and involve the display of a symbol or use of a specific logo on menus or foods which meet certain pre-determined nutritional criteria related to fat, salt, sugar and fibre and healthy choice menus. In some instances, provision of smoke-free areas and standards of food hygiene are included. The schemes enjoy varied levels of success but it is clear that all raise awareness, both within the catering and retail industries and amongst the public, of the value of healthy eating. They also provide an effective mechanism to give, in simple terms, complex messages to consumers about healthy eating.

7.11 The Health Education Board for Scotland is examining this area. Several local initiatives run by Health Boards are in operation in Scotland. These include the Better Hearted Award in Forth Valley, Look Lively Eat Wisely in Inverness, Eat to the Beat in Grampian, a Heart Beat Award in Ayrshire and Arran and a Healthy Choice Award in Tayside. In addition, some supermarkets operate their own healthy eating awards using, inter alia, healthy eating logos to identify products suitable as part of a healthy diet.

7.12 The Group is particularly attracted to an award scheme because of its potential to increase contact and improve communication between caterers, retailers, health professionals and consumers. The Group concluded, therefore, that a National Healthy Eating Award Scheme should be encouraged and that its introduction should be explored by the Scottish Consumer Council together with the Health Education Board for Scotland.

7.13 Careful consideration of the scope and the practical implications of the Scheme will be necessary but the criteria governing the Scheme will obviously need to be based on the Scottish dietary targets and requirements of the proposed nutritional guidelines. The Award might be graded to reflect achievement of individual aspects of healthy eating. Alternatively, and this is the Action Group's preference, it could be made in recognition of a catering establishment's delivery of healthy food choices in relation to entire menus. Consideration will have to be given also to the criteria governing local award initiatives such as those described in paragraph 7.11 to ensure that these are consistent with those of the proposed national Scheme. And monitoring arrangements will have to be put in place to evaluate the Scheme's impact.

7.14 It will be vital for the Scheme to be well publicised and for its promotional materials to explain to consumers how it operates so that the healthy eating

messages are received clearly. It is also essential that the Scheme is administered by a body which is generally well known and respected by consumers: otherwise it will have little credibility.

7.15 The Group welcomes the initiatives being taken by the Scottish Tourist Board to promote higher quality and nutritionally appropriate menus in catering outlets and restaurants throughout Scotland. The Board will wish to consider appropriate mechanisms through which nutritional expertise and advice can be provided to caterers.

7.16 Catering establishments should also be encouraged to contribute to the promotion of the desired increase in breastfeeding rates by providing appropriate facilities for nursing mothers.

ACTION POINTS

- Catering establishments should work progressively towards providing a variety of vegetables and/or a side salad as part of the main course of every meal. The cost should be included in the price of the meal.

- All further and higher education institutions offering courses in hotel and catering management should consider including nutrition and dietary education in their curricula.

- The fast food sector should broaden the range and choice of nutritionally beneficial foods which it offers to consumers. The feasibility of an incremental reduction in the fat content of standard products should be examined urgently.

- All catering staff should have a basic level of training in nutrition and diet. The training should be validated externally and be linked to or be part of the Scottish Vocational Qualification for the catering sector. Its introduction should be considered by the Hotel and Catering Training Company in collaboration with the Scottish Vocational Education Council.

- The Scottish Office Department of Health should commission the preparation of nutritional guidelines, based` on the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland annexed to Section 6 of the Action Plan. The guidelines should be provided to all catering staff.

- A low cost (or free) nutritional advisory service which caterers could approach for advice and nutritional analysis of food recipes should be piloted. The Scottish Office should fund the cost of a pilot scheme.

- The Scottish Office should ensure that the catering services of the Scottish Prison Service and other public services in Scotland reflect the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland.

- The introduction of a national Healthy Eating Award Scheme should be explored by the Scottish Consumer Council in partnership with the Health Education Board for Scotland.

- The Scottish Tourist Board should consider ways of incorporating nutritional advice within its campaign to raise catering standards throughout Scotland.

8. THE NATIONAL HEALTH SERVICE

8.1 Improving the Scottish diet is one of the priorities of the NHS in Scotland. Health Boards, Trusts and primary care teams all have important roles in the delivery of dietary targets but the activity which offers the greatest potential is the development by Boards of a range of "health alliances" in their respective areas with key organisations such as local authorities, employers, schools, catering establishments and the media.

8.2 Within these alliances, Health Boards are initiating a wide range of local projects to bring the healthy eating message more directly to the public. Activities include a project in deprived areas on healthy eating which is teaching young people basic cookery skills to enable them to adopt a healthier diet, local healthy eating award schemes, work with schools to develop healthy food choices, opening healthy eating clinics and distributing health promotion literature. In addition, Boards and Trusts were required to have food and health policies for NHS premises in place by March 1994. These policies require dietitians to be consulted on menu planning for both patients and staff. It is, nevertheless, important that the NHS should ensure that its healthy eating policies are consistent throughout the Service and that NHS management should satisfy itself that the Service's catering specifications reflect the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland (see Annex to Section 6).

8.3 The Scottish Diet Report referred to "the current state of ignorance and limited skills of the professionals involved in providing consequent dietary advice in Scotland". In the light of that criticism, which was not disputed in The Scottish Office consultation on the Report, it is clear that the NHS will need to take active steps to ensure that its professional staff have an adequate grounding in diet and nutrition and that they are able to convey appropriate dietary advice and support both to the general public and to their patients. In this context, the recommendations of the Nutrition Task Force Project Team and its Core Curriculum for Nutrition in the Education of Health Professionals, "Nutrition in General Practice", published by the Royal College of General Practitioners, and "Nutrition for Life", published by the English National Board for Nursing, Midwifery and Health Visiting are all relevant and helpful.

8.4 The provision of dietary advice will be particularly important to pregnant women and to patients suffering from coronary heart disease, diabetes, hypertension and obesity and those with a family history of these conditions. The independent Post-Graduate Nutrition and Dietetic Centre based at the Rowett Research Institute operates on behalf of Scottish dietitians to promote the education of professionals in the Health Service in Scotland. Health Boards, often through the combined efforts of dietitians and health promotion specialists, also provide locally based education and training initiatives. Support for both national and local opportunities should continue and the larger Health Boards should consider the appointment of public health nutritionists or suitably experienced State Registered Dietitians. It will also be important for the Health Education Board for Scotland to ensure that it has access to expert nutritional advice.

8.5 The Group considers that Directors of Public Health have a crucial role in this area of public health in terms of identifying local need for action, co-ordinating local health strategies and in ensuring appropriate delivery of effective health promotion action in partnership with health promotion specialists. They should specifically include, in their Annual Reports, a summary of their Boards' diet-related activity.

8.6 The medical profession has a crucial leadership role in most areas of health care and health promotion. For this reason, it is particularly important that Scottish doctors should appreciate the extent to which dietary inadequacies contribute to Scotland's dismal health record and the potential role of dietary changes in improving the health both of individual patients and of the population as a whole. In the past, the importance of diet and nutrition has not been sufficiently emphasised in medical school curricula and this will need to change. It will also be important for the Royal Colleges and the Scottish Council for Postgraduate Medical and Dental Education to ensure that appropriate emphasis is given to nutritional and dietary issues in their programmes for specialty training and continuing professional development. It is equally important that appropriate emphasis is given to nutritional and dietary advice in educational programmes for nurses (particularly school nurses), midwives, health visitors and members of the professions allied to medicine and that the National Board for Nursing, Midwifery and Health Visiting for Scotland and the Council for Professions Supplementary to Medicine respond accordingly.

8.7 The dietetic profession in Scotland has been working for several years to promote the education of professional groups within the Health Service. Scottish dietitians should be encouraged to continue their educational developments and to improve, through appropriately audited procedures, dietetic advice and practice throughout the NHS in Scotland. The dietetic service, in conjunction with the Health Education Board for Scotland, should also enhance their national strategy for developing educational materials and should consider what other methods of supporting their professional colleagues may be possible in securing the necessary changes in the diet of the Scottish population. Community dietitians should be encouraged to develop their professional skills by taking short courses and postgraduate degree training in health promotion and dietetics and nutrition. Health Boards have a role in promoting this professional development.

ACTION POINTS

- The NHS should ensure that the Service's catering specifications take account of the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland.

- In their planning for continuing professional education Health Boards and Trusts should ensure that greater priority is given to providing adequate dietary education and counselling skills to enable health professional staff, including primary care teams, to place increased emphasis on giving dietary advice to patients, both opportunistically and routinely.

- The larger Health Boards should consider appointing public health

nutritionists or suitably experienced State Registered Dietitians. The Health Education Board for Scotland should ensure that it has access to expert nutritional advice.

- Directors of Public Health should include, in their Annual Reports, a summary of their Health Boards' diet related activity.

- Medical schools, the Royal Colleges, the Scottish Council for Postgraduate Medical and Dental Education, the National Board for Nursing, Midwifery and Health Visiting for Scotland and the Council for Professions Supplementary to Medicine should ensure that appropriate emphasis is given to nutritional and dietary issues in their respective education and training courses and programmes.

- The dietetic service, in conjunction with the Health Education Board for Scotland, should enhance their national strategy for developing educational materials and should consider what other methods of supporting their professional colleagues may be possible in securing the necessary changes in the diet of the Scottish population.

- Health Boards should encourage community dietitians to develop further their professional skills.

9. LOCAL AUTHORITIES

9.1 Many of the responsibilities and functions of local authorities offer direct opportunities for them to make a substantial contribution to the dietary health of their populations. Some are already working with Health Boards in the "health alliance" partnerships recently established by the Boards. But there is considerable further scope for local authority involvement. Education Departments, for example, can influence the development of health promoting schools and the extent of health and dietary education across the whole range of education provision, including that in nursery schools. They can also influence the nutritional quality and provision of schools' catering services and the content of home economics courses. Likewise, the community education function embraces the extent and content of cookery evening classes for adults and support for local community groups examining food issues.

9.2 Social Work Departments control catering provision within residential and day care establishments and provide support for community action on food, particularly within low income group communities. They also manage the home help service which offers a particularly personal and close relationship to clients, including assistance with food preparation. This service currently covers, each year, some 90,000 clients, of whom many are often at high nutritional risk through disability and isolation. Its potential for contributing to the desired improvement in diet is very considerable. Likewise 'the meals-on-wheels' service. There is a need, therefore, for local authorities to ensure the adequacy of the dietary and nutritional knowledge of home helps, care assistants and others involved in food provision and that such knowledge is applied appropriately. They should also reflect in their catering provision the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland (see Annex to Section 6).

9.3 As indicated in paragraph 5.16 local authorities also have an opportunity to develop projects through the Urban Programme which address, inter alia, health problems, including those arising from diet. They have discretion, in addition, to support local community and voluntary sector activity on food issues. In this area overall, liaison between authorities and the proposed national project officer is strongly recommended.

9.4 Less directly, but still importantly, local authorities have an involvement across a whole range of planning and economic development matters which influence eating behaviours. Of these, planning decisions as they affect the location of retail food outlets and decisions on public transport provision may have the greatest impact. The issues for consideration in this area are discussed in paragraphs 4.7.10 and 4.7.11.

9.5 The potential of local authorities to encourage and facilitate healthy eating thus could be immense if it is fully and imaginatively explored. It is, of course, primarily a matter for local authorities to determine at local level, within the statutory requirements placed upon them, the specific action required to meet the needs of their populations and to respond accordingly. However, the Group

recommends that The Scottish Office Department of Health should discuss authorities' potential involvement with the Convention of Scottish Local Authorities. In this context the Group is encouraged to learn of the recent initiative of the Convention to hold a conference, jointly, with the Department for the purpose of exploring with the new local government unitary authorities the latter's role and responsibilities in relation to public health matters generally, including dietary improvement.

ACTION POINT

- The Scottish Office Department of Health should discuss with the Convention of Scottish Local Authorities the potential for local authorities to maximise the promotion of healthy eating in their areas and the Convention's role in taking this forward. The key role of the national project officer, whose appointment is recommended in paragraph 5.14 of the Action Plan, in co-ordinating, inter alia, the involvement of local authorities in initiatives to improve the diet of low income communities, should be brought to the attention of the Convention.

- Health Boards should seek to develop the health alliance partnerships they have established to maximise local authority involvement.

- Local authorities, in the exercise of their wide ranging responsibilities should examine, develop and utilise all opportunities available to them to facilitate dietary improvement. Authorities should place particular emphasis on ensuring that their catering provision reflects the guidance in the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland; and that those providing 'meals on wheels' services, home helps, care assistants and others involved in food provision hold, and apply, an appropriate knowledge of diet and nutrition.


Mixed
ables
A Selection of Carrot
Peas, Superfine
Sweetcorn, Cut
Green Beans
and Broccol
680g 1lb 8

10. GETTING THE MESSAGE ACROSS

10.1 The activities of producers, manufacturers, processors and retailers are aimed ultimately at the consumer whose response is the yardstick of success. Consumer power is, therefore, crucial. But it can also be influenced and directed, although no single factor can effect rapid change.

10.2 Personal preferences motivated by taste, cultural and social habits, persuasive product marketing, family pressures, availability and cost are all potent influences on consumer choice. It follows, therefore, that to influence consumers to move to healthier eating habits a multifaceted approach is required. This has to involve all those interests with the capacity to exercise such influence, notably:

- all the interests in the food supply chain
- the Health Education Board for Scotland and the Health Boards
- community organisations
- local authorities, including social work departments
- employers
- schools
- the media
- consumer organisations
- the voluntary sector.

10.3 All, to varying degrees of extent and effectiveness, are already encouraging healthier eating. For a significant proportion of the public the media are the most likely source of information on nutritional issues and, therefore, have enormous potential to influence dietary behaviour. But the promotional activities of all these interests have often been undertaken independently of each other and this fragmentation has resulted in the consumer being subjected to a vast array of food product advertisements, promotional material and dietary advice, some of it conveying conflicting or misleading messages about the benefits or disbenefits of certain foods. The consequence is that the public is now confused by the inconsistency of the messages. This confusion is further compounded by the slimming industry which is constantly introducing new "diets" for people wishing to lose weight. There is a need, therefore, for all those in a position to influence dietary behavour to ensure that the healthy eating messages which they promote are accurate, consistent and reflect the Scottish dietary targets.

10.4 In part, too, the confusion about the importance of dietary change has

stemmed from misinformed media reporting and from the widespread and incessant promotion and advertising of foods which should form only a very small part of the overall diet. The results of a UK wide survey of television food advertisements undertaken by the National Food Alliance and published in December 1995 show that television advertising of high fat, high salt and high sugar foods such as biscuits, cakes, confectionery, sausages and pies, ice cream and soft drinks is currently heavily biased towards the early part of the evening when children are watching and accounts, at present, for between 80 and 100% of food advertising in children's viewing hours. Overall, fatty and sugary foods, which should make up no more than 7% of the weight of the total diet, account for around 50% of television food commercials. Consideration should be given by the Scottish Consumer Council to the commissioning of a similar survey of food advertising on Scottish television, and possibly more widely to embrace the totality of food advertising to which the Scottish population is exposed, and its results reported to Scottish Office Ministers.

10.5 There is, thus, a need for greater co-ordination of health education and food promotional initiatives to ensure that consistent healthy eating messages are communicated clearly to consumers. To facilitate this coherent approach, the Health Education Board for Scotland should examine the feasibility of a promotional publicity/branding device which could be applied to all relevant materials concerned with healthy eating. The Board should also seek to collaborate with all those interests involved in producing diet-related materials and should commission the development of guidelines which will assist their preparation. These will be based, in part at least, on the Guidelines for Educational Materials produced by the Nutrition Task Force in England (see paragraph 6.24). Specific input from experienced State Registered dietitians will be essential in formulating promotional materials. As a first step, however, in order to provide the Scottish public with a sound information base both on healthy eating and on the action envisaged in this Action Plan for the improvement of the Scottish diet, the Board should explore the feasibility of issuing a mailshot on healthy eating to every household in Scotland. Its content should be positive and constructive in tone and be 'consumer friendly' in its presentation of information.. The mailshot might form one part of an integrated and continuing campaign on healthy eating, comprising a variety of media and approaches.

10.6 The workplace offers a prime opportunity for increasing consumers' awareness of healthy eating. Employers, in both the public and private sectors, are in a position to make a major contribution to "getting the message across" for they have the potential to offer an environment in which to encourage employees to make healthy eating choices.

10.7 For example, employers could ensure that staff canteens provide, to a much greater extent, a selection of foods from which their employees could choose healthily balanced meals; the Model Nutritional Guidelines for Catering Specifications for the Public Sector in Scotland provide a useful reference for employers in this context (see also Sections 6, 7 and 9). Employers could also introduce more widely into workplace vending machines a range of healthy food snacks such as fruit, and fruit juices, in addition to the customary crisps, confectionery and sugary drinks. And staff notice boards could usefully display

information about dietary issues and healthy eating; such material is readily available from Health Boards and the Health Education Board for Scotland. These are the kinds of initiatives which health education and promotion interests are concerned to see developed. The Group, therefore, strongly supports the recent introduction by the Health Education Board for Scotland, in collaboration with key employers and employee organisations, of the Scotland's Health at Work National Award Scheme, designed to raise the profile of health promotion in the workplace, including that of healthy eating.

10.8 The Group considers that considerable scope exists for additional research activity to make a major contribution to improving dietary awareness. Continuing research on nutritional aspects of health should remain, therefore, a high national priority as recently determined in the conclusions on Technology Foresight published by the Office of Science and Technology. A strong and well funded research capability exists in the fundamental scientific areas, i.e. in the biomedical, physiological, metabolic and social science-related areas, and the forward programme is understood to be comprehensive. But there is less focus on applied social science and clinical research relating to possible intervention target groups who may offer high potential pay-off in health gain.

10.9 Effective and comprehensive strategies have been developed by governmental funding bodies (Departments and Research Councils) for research to improve diet. Efforts to co-ordinate their implementation on a UK basis should be continued and strengthened. The principal elements of the proposed research strategy for diet and nutrition in Scotland are:

- research in applied social science which would appraise dietary interventions;

- research on new approaches to changing eating behaviour by targeting groups such as school children, pregnant women and the elderly;

- intervention studies to develop education packages for those recovering from heart disease and for their families;

- further studies to determine the benefits of changing dietary behaviour;

10.10 Research clearly must be of high quality and the Human Nutrition Research Forum, the Technology Foresight Programme, the Scottish Office Agriculture, Environment and Fisheries Department and the Chief Scientist Office, Scottish Office Department of Health should continue to review research activity, facilitate access to information on funding and disseminate outcomes.

ACTION POINTS

- As part of an integrated and continuing campaign on healthy eating, the Health Education Board for Scotland should explore the feasibility of issuing to every household in Scotland a carefully targeted mail-shot conveying information on healthy eating.

- All interests in a position to influence dietary behaviour should ensure that the healthy eating messages which they promote are accurate, consistent and reflect the Scottish dietary targets.

- The Scottish Consumer Council should consider commissioning a survey of food advertising on Scottish television, and possibly more widely to embrace all the food advertising to which the Scottish population is exposed, reporting its results to Scottish Office Ministers.

- The Health Education Board for Scotland should commission the preparation of guidelines to which the food industry and its representative bodies and other interests promoting healthy eating can make reference when preparing promotional and educational material in order to ensure consistency in healthy eating messages.

- The Health Education Board for Scotland should explore the scope for, and utility of, a promotional publicity/branding device which might be used on all relevant materials concerned with healthy eating.

- Employers should explore ways of encouraging healthy eating by their staff, including the wider provision of healthy food choices in staff canteens and restaurants.

- Research activity on nutritional aspects of health to improve dietary awareness should remain a high national priority. The Human Nutrition Research Forum, the Technology Foresight Programme, the Scottish Office Agriculture, Environment and Fisheries Department and the Chief Scientist Office, Scottish Office Department of Health, should continue to review research activity, facilitate access to information on funding and disseminate outcomes.

SCOTTISH DIET ACTION GROUP REMIT AND MEMBERSHIP

REMIT

To agree, by November 1995, an Action Plan for delivering the Scottish dietary targets which sets out what is required, by whom and on what timescale; and to commission action accordingly.

CHAIRMAN

To July 1995
The Rt Hon Lord Fraser of Carmyllie, Minister of State, The Scottish Office

From July 1995
The Rt Hon Lord James Douglas-Hamilton, MA LLB MP, Minister of State, The Scottish Office

MEMBERS

Mr P Chaplin, Chief Executive, Sea Fish Industry Authority

Mrs G Dugdale, Assistant Director of Education, Tayside Regional Council

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